## FOR STATE DEPT.

any delay is

pencil in Item 18. Give Pages 1, 2, and 3 to

This certificate should be executed within 24 hours after deoth.

TO DEPUTY MESTAL EXAMINER:

PM3. Poge pages 1 and 2 with the State Department of **O FUNERAL DIRECTOR:** Page 3 should be used os o buriol-tronsit (chiesin file pages lond2 with the State Department of Health or its designated agent, prior to buriol, cremation, ar removal and in any event within 72 haurs ofter death. necessary, please execute the certificote, writing the word "pending" in pencil in Item 18. Give Pages 1, 2 the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form 9 TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit 5 may be retained far your files.

VR A15ME (5)

MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12679 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 126	73
1. PLACE OF DEATH  o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence of STATE Maryland b. COUNTY Dor	
b. CITY OR TOWN (If outside corporate limits,  Rural—Cambridge US Rt.50  Minutes	c. CITY OR TOWN (If outside corporate limits, write RURAL and give Rural-Aindrews	neorest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  DOA Cambridge Maryland Hospital	d street address None	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle DECEASED (Type or print)  DOROTHY WILSE AI	BBOTT  4. DATE OF Sept. 3,	Doy Year 19 66
S. SEX Female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED D	Deput. 1, 1910 50 yrs.	Doys Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  Fabricator  10b. KIND OF BUSINESS OR INDUSTRY Electronics		ZEN OF WHAT NTRY? USA
13. FATHER'S NAME  James Robbins	14. MOTHER'S MAIDEN NAME Minnie Hall	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no or unknown) (If yes give war or dotes of service)  Unknown  17. Was Deceased Ever in U.S. ARMED FORCES?  Unknown	r. Winnie Abbott, Andrews, Mary	land
IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) Shock  DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 Omin
Conditions, if ony, which gove ) (b) Partial avulsion	of left upper extremity with illae with torn axillary veasels	30min.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO Multiple contusions, lacerations and a	abrasions of all extremities.	19. WAS AUTOPSY PERFORMED? YES NO
PRIMAR A or CONTRIBUTING Deceased was thro	(Easer agrore of injury in Port I or Port II of item IB.) wn automobile involved in ac	
10:30 9/3 1966 otwork otwork U U.S	ctory, street, office bldg., etc.)  Route 50  2miles east of C	enester Ma.
21. I certify that I taak charge af the remains described abave, h death resulted fram: Natural causes, Accident, Sui	icide [], Homicide [], Undetermined manner []	and in my apinian
ACTUAL SIGNATURE CONFINE R hungament	CHIEF MEDICAL EXAMINER	22. DATE SIGNED
EXAMINER'S NAME (Type) Alfred R. Maryanov, M. D.  230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)  R CREMATORY 23d. LOCATION (City or Town) (	9/6/66 County) (State)
Burial Sep. 7, 1966 Sandy Island	d Cemetery Andrews, Dor. Co.	, Md
24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Man	0.50	marione Jules

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12673

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E. C. . T. Con. J. 2765 State Market State State

### FOR STA HEALTH

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Poges 1, 2, and 3 ta the funeral director. Poge 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Poge 5 may be retained for wome files. with the State Department of Heolth or its designated ogent, prior to burial, cremation, or removol, and in any event within 72 hours ofter death. 7 E Sagad File 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

TO DEPUTY MESSAL EXAMINER: This certificate shauld be executed within 24 hours ofter death. If

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 2580 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

				- Carl VIII			
1. PLACE OF DEATH O. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (V	Where deceosed lived, if institution b. COUNT	n: Residence before odmission)  Y Dorchester			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge					
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol The Cedars! Belvedere		d. STREET ADDRESS 103 Bel	vedere Avenue	e. IS RESIDENCE ON A FARM? YES NO 1			
3. NAME OF DECEASED (Type or print)	T. Middle ADAM	Last Cast	DEMIII	tember 15 19 66			
S. SEX Male 6. COLOR OR RACE 7. MARRIEL WIDOWE	Δ.	pril 29, 19	105 lass hirthdoy) Yrs.	Months Days Hours Min.			
	KIND OF BUSINESS OR	11. BIRTHPLACE (Stote Cambridge	or foreign country) e, Maryland	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME George W. Adams	S	14. MOTHER'S MAIDEN Trepheni					
No. of the state o		s. John T.	Adams, Cambrid				
Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause (b).  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION	oronary occlu		IDITION GIVEN IN PART 1(a)	INTERVAL BETWEEN ONSET AND OEATH INSTANT.			
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CUSE OF DEATH.	DESCRIBE HOW INJURY OCCURRED. (I	Enter noture of injury in I	Port I or Port II of item 1B.)	AEZ NO X			
20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. Wh		E OF INJURY (Home, form ry, street, office bldg., etc.)		(County) (Stote)			
21. I certify that I taak charge of the r death resulted from: Natural causes actual signature  EXAMINER'S John Mace r  230. BURIAL, CREMATION, BENOVAL Specify Sept 18 1966	M.D.  23c. NAME OF CEMETERY OR C	de, Hamicide CHIEF MEDICAL _M.O. ASSISTANT MED DEPUTY MEDICA Address (Street REMATORY emorial Par	Undetermined man EXAMINER     ICAL EXAMINER     IL EXAMINER	22. DATE SIGNED 976/66 bridge, Md.  (County) (State)			
LeCompte Funeral Service.			TD 10 4000 0				

VR A15ME (5) 6M 1/66

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 death. and 2 death PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STAJE b. COUNTY Larvland Dorchester the Pages urs afte MARYI AND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. Pagin 72 hours p Mardela (Athol) Hurlock = d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS Rt. #1 thin , Belle Haven Nursing Home within ely rberly rberly NAME OF First Middle Last DATE Month \* DECEASED r and complet remove carb n any event, v (Type or print) RACHEI ANN BAILEY September DEATH executed SEX 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED ACE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS NEVER MARRIED last birthday) Months ! Female White April 29.1880 WIDOWED X DIVORCED 2 10a. USUAL OCCUPATION (Cive kind of work done | 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) been signed by the attending physician the burial-transit permit. Then please in to burial, cremation, or removal, and in during most of working life, even If retired) certificate be INDUSTRY Housewife at home Athol. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Daniel Lloyd Maria Jackson 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT death (Yes, no, or unkown) | (If yes give war or dates of service) Mrs. Herman W. Majors (Daughter) Rt. #1. Mardela. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c), ] requires that the PART I. OEATH WAS CAUSED BY. Chronic Cardiac Decomne cation attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions. If any, which Caronary Arts insclerat (b) rise to immediate DUE TO cause (a), stating the as th underlying cause last. Genr (c) CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) r this certificate had detached for use a te Dept. of Health p 0 PHYSICIAN: 20a. ACCIDENT WAS UNDERLYINC ☐ OR CONTRIBUTINC ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. OESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 1B.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) DIRECTOR: After that age 3 should be det filed with the State D factory, street, office bldg., etc.) Hour a.m. While Not While 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from tp. saw the deceased alive on 19. and that death occurred at M, from the causes and on the date stated above. 22a. SIGNATURE TO FUNERAL DIRE director, page 3 should be filed w ATTENDING MFD. STAFF M.D. **OIRECTOR** PHYS. Page 4 may PHYSICIAN'S 22d. **ADORESS** NAME (Type) H. B. Plummer Preston. Maryland 23b. DATE THEREOF 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) 20,1966 burial Mardela Cemetery Mardela, Maryland 24. FUNERAL DIRECTOR ADDRESS REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE MARYLAND SALISLURY. HOLLOWAY & COMPANY,

MARYLAND STATE DEPARTMENT OF HEALTH

VR A15 (4) 20M 1/65

Wicomico

e. IS RESIDENCE ON A FARM?

Year

1966

Hours

INTERVAL BETWEEN

ONSET AND DEATH

TOVES

WAS AUTOPSY PERFORMED?

NO TY

(State)

1966

(State)

that (I) (we) last

19.

DATE SIGNED

(County)

22b.

Sept.

YES

YES

Day

12. CITIZEN OF WHAT

COUNTRY?

16

NO

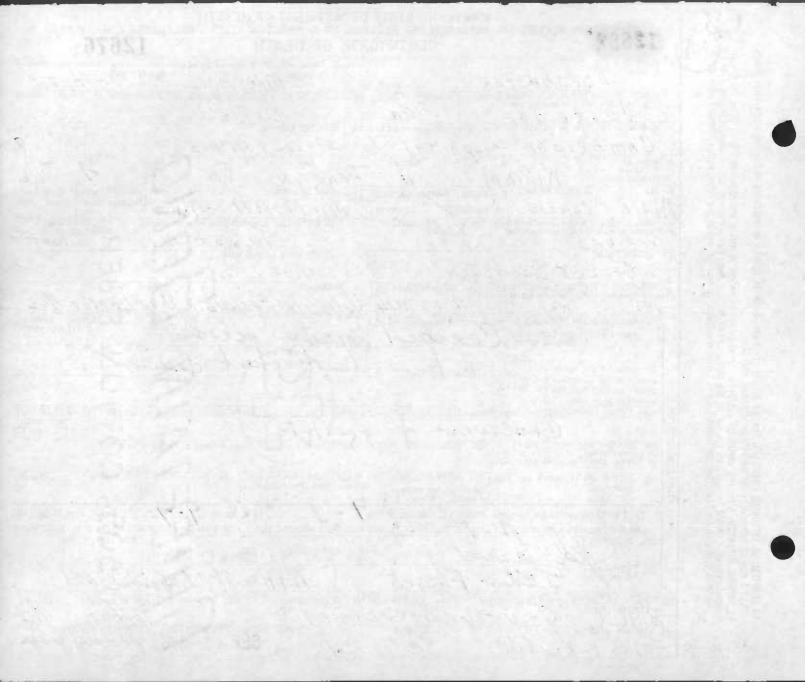
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending by sician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cramation, or removal, and in any event, within 72 hours after death.

> VR AIS (4) 20M 1/65

# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12. USUAL RESIDENCE (Where decreased lived 15 institution: Residence before admission)

1	1.	a. CDUNTY DORALE LED	a. STATE MADILLARIA D. COUNTY TO LAT
		b. CITY DR TDWN (if outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TDWN (If outside corporate limits, write RURAL and give nearest town)
		write RURAL and give nearest town)	mxford 3000
		d. NAME DF HOSPITAL DR INSTITUTION (if not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
3		CAMBRIDGE HASPHITAL	STEWART AVENUE ON A FARM?
ñ	3.	NAME DF . / First Middle	Last   4. DATE Month Day Year
		DECEASED (Type or print) W////AM H. J.	ENSTON DEATH 9 7 1966
	5.	SEX 6. COLDR DR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   last birthday)   Months   Days   Hours   Min.
	11	VALE COLORED WIDDWED DIVDRCED	1101, 19 1891 754 yrs.
		a. USUAL OCCUPATION (Give kind of work done   10b. KIND DF BUSINESS DR ring_most of working life, even if retired) INDUSTRY	11. BIRTHPLACE (County & State, or foreign country)   12. CITIZEN DF WHAT COUNTRY?
		KETIRIED	1A/bot, Md Goff
	13.	. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	15	GEORGE ISENSTON	MARY E.
П		5. WAS DECEASED EVER IN U.S. ARMED FDRCES? 16. SDCIAL SECURITY NO. 17. es, no, or unkown) (If yes give war or dates of service)	INFORMANT Address Const.
н	-/	YES WWI 220-03-3834 H	15Ph 118/ NECOLOGY CAMITS RIOCE, 11/CL
		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	De la denet Interval Between Onset and Death
		IMMEDIATE CAUSE (a)	Teapho person
		Conditions If any which \ DUE TO	enster heart decene
		gave rise to Immediate (b)	
		cause (a), stating the DUE TO underlying cause last.	
	NO	PART II. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY
0	CERTIFICATION	CARCELOMO of D.	PERFORMED? YES ND NO
	E	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCC	URRED. (Enter nature of Injury In Part I or Part II of Item 18.)
	CER	DR CONTRIBUTING CAUSE DF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
	MEDICAL	fact	ACE OF INJURY (Home, farm, 2Df. (City or town) (County) (State)
	MED	Hour a.m.  p.m.  19  While at work at work	
		21. I certify that (I) (this hospital) attended the deceased from	- 3 , 1966, to Y-Y-, 1966, that (1) (we) last
			t death occurred atM, from the causes and on the date stated above.
		22a. SIGNATURE	ATTENDING MED. STAFF
		22c. PHYSICIAN'S M.	D. PHYS.  DIRECTOR PHYS.  1
1		NAME (Type) J. Edwin FASSETT	121 Pirest Unhinge Mo,
	23a	a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETER	Y OR CREMATORY 23d. LDCATION (City, town or county) (State)
)		Burial 9-10-66 OXT) Section	MERSVILLE TA/bot Md
D	24.	ADDRESS ADDRESS	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
B	7	JAMES B. Washell Ectofor, Vi	Ad. DATE SEP 14 1300



	- 1	-3		MARY DIVISION OF STATISTICAL RESEA	RCH AND RECORDS	'ARTMENT OF HEALTH . 301 W. PRESTON STREET. B	ALTIMORE 1. MARYLAND
N. Sec.	. ·	(. W.	۰.	12683	CERTIFICATI		12677
	24 hours after death	and Z and Z death.	1.	PLACE DF DEATH a. CDUNTY		a CTATE	lived, If institution: Residence before admission) b. CDUNTY
	Te.	as di		Dorchester	MARYLAND	Maryland	Dorchester
	9	by the Pages 1 urs after		b. CITY DR TDWN (if outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b		e limits, write RURAL and give nearest town)
	non	s. F hou		d. NAME OF HOSPITAL DR INSTITUTION (if not in ho	40 Years	d. STREET ADDRESS	l e. IS RESIDENCE
	24	filled in papers. F in 72 hou	0			400 Robbins	ON A FARM?
		ely 1		ambridge-Maryland Hosy NAME DF First	Middle	Last   4. DATE	Month Day Year
	wit	oplet carbo nt, v		DECEASED (Type or print) William		loodsworth DEATH	Sept. 21, 1966 19
	uted	con ove eve	5.	SEX 6. COLOR OR RACE 7. MARRIED		. DATE OF BIRTH 9. AGE	(In years   IFUNDER 1 YEAR   IF UNDER 24 HRS. birthday)   Months   Days   Hours   Min.
	exec	and remo		ale White WIDOWED	DIVORCED ND DF BUSINESS OR	Oct. 8, 1897 68	yrs.
	pe	cian ase nd ir	duri	ing most of working life, even if retired)	DUSTRY		COUNTRY?
	ate	physician and completely filled in by n please remove carbon papers. Pag val, and in any event, within 72 hours	13.	aterman self employed		Wingate Dorche	ster Co., U.S.
	THE P	Then		Thomas D. Bloods	sworth	Phoebe Lewis	
	Ce	attending phermit. Then	15. (Yes	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. S s, no, or unkown) [(Ifyes give war or dates of service)]	SDCIAL SECURITY ND.   17.	INFORMANT	Address 00 Robbins St
	leat	permit. Lion, or				s.Freda M.Bloods	worth Cambridge Md.
	. the	d by the at ransit pern cremation,		18. CAUSE DF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY:	ne for (a), (b), and (c).]	la.	INTERVAL BETWEEN DNSET AND DEATH
	cian.	ed b- tran- , cre		IMMEDIATE CAUSE (a)	carra po	word Tyle	11 aug
	es tl	signed by the burial-transit burial, cremai		Conditions, If any, which (b)			
	aguir Ing p	he b		gave rise to immediate cause (a), stating the DUE TD			
	w re	as bas tlor	Z	underlying cause last. (c)	TIMO TO DEATH DUTNING DELA	FER TO TUETTONALINAL RIGITAGE COMBITAGE	INGIVEN IN PART 1(a) 119. WAS AUTDPSY
	he la	use use alth p	CERTIFICATION	PARTITION THER SIGNIFICANT CONDITIONS CONTRIBU	TING TO DEATH BUT NOT KELA	IED TO THE TERMINAL DISEASE CONDITTO	PERFORMED?
	N: T	for for f He	TFIG	2Da. ACCIDENT WAS UNDERLYING [   20b. D	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of Injury in Part I	
	ICIA lospi	cerrithed of the		DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
	the t	this letac	MEDICAL		factor	CE OF INJURY (Home, farm, 20f. (City y, street, office bldg., etc.)	or town) (County) (State)
	NG	of the State	MEC	p.m. 19 at work		2/ 2//	1: 11:
	END	R. A ould the		21. I certify that (I) (this hospital) attende	/ /	death occurred ap : 3 M, from ti	he causes and on the date stated above.
	ATT	ECTO 3 sh with		saw the deceased alive on 222a. SIGNATURE	, and that	dodin bocon od 32 20 mj	22b. DATE SIGNED
	y be	DIR		Janen Many	and M.D	PHYS. DIRECTOR L P	TAFF. 7/22/66
	ITAI ma	RAL Dr. p		22c. PHYSICIAN'S NAME (Type)	Maryanev	22d. ADDRESS	1+ Cambridge And
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transi should be filed with the State Dept. of Health prior to burial, crem	23a	BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 23d. LOCATI	ON (City, town or county) (State)
	5	d dip de		REMOVAL (Specify) Rurial Sept. 23.196			
		2	24.	UNERAL DIRECTOR	ADDRESS Heste	0.55	Cambridge, Md
	VR A	1/65 GM	内	with Thousand	Cambridge,	Md. DATE SEP 26 19	106 Marley Judge
	an are a 4 a	101		1			4 1/ 1/

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12684 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. the funeral ages 1 and 2 s after deoth. 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH n. COUNTY b. COUNTY transit permit. Then please remove carbon papers. Pages 1 cremotion, ar removal, and invaryevent, within 72 hours after a MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If auside carparate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn 7 Mas. 15 day d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street oddress) YES NO 3. NAME OF Last 4. DATE Month Day Year DECEASED (Type or print) DEATH S. SEX DATE OF BIRTH AGE (In years IF LINDER 1 YEAR 6. COLOR OR RACE 7 MARRIED NEVER MARRIED last birthday) Months Days Hours DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during mast of working life, even illetired) INDUSTRY (PATOLINA Logger 13. FAIHER I NAME 14. MOTHER'S MAIDEN NAM BONNEr 16. SOCIAL SECURITY NO. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Address (Yes, na, or unknown) (If yes give war ar dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line fox (o), (b), and (c).) signed by the burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Poge 4 moy be retained by the hospitol or ottending physicion. DUF TO burial, Canditians, if any, which gave (b) rise to immediate cause (a), DUE TO stating the underlying cause be detached for use os the State Dept. af Health prior to TO FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) CERTIFICATION NO 205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20d INJURY OCCURRED (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. factory, street, affice bldg., etc.) While Not While at work at wark 21. I certify that (I) (this haspital) attended the deceased from 66 to 19 6 5 that (1) (we) lost director, page 3 should should be filed with the sow the deceased glive on Schlember 2719 66, and that death occurred at 1253 M, from causes and on the date stated above. 22a. SIGNATURE # 22b. DATE SIGNED ATTENDING PHYS. STAFF PHYS. M.D. DIRECTOR **ADDRESS** 22c. PHYSICIAN'S NAME (Type) 23b. DATE THEREOF 23 NAME OF CEMETERY OR CREMATORY 7 23d. LOGATION (City ar Jawn) State BURIAL, CREMATION (County) 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 20 M 1/66 1966 DATE

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pages and 2 with the State Department of I am great great within 72 hours after death.

necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Exominer's Office along with form PM3. Page

TO DEPUTY MESTAL EXAMINER: This certificate shauld be executed within 24 hours after death.

2685

#### RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12679 Division of STATISTICAL RESEARCH

MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. STATE b. COUNTY
o. COUNTY DORC LESTER MARYLAND	Maryland Wicomico
b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
write RURAL and give nearest town)	0 1115111111 = 115
Kural- Cambridge 146 6 Mes. I day	A CONTRACTOR OF THE PROPERTY O
d. NAME OF HOSPITAL OR INSTITUTION (H hot in hospital, give arreet address)	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
Eastern Shore State Hospital	Partions// YES NO A
3. NAME OF First Middle	Last 4. DATE Month Doy Year
(Type or print) Amy	ackett DEATH Sept. 4 1966
S. SEX 6. COLOR OF RACE 7 MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS.    Jost birthdoy   Months   Doys   Hours   Min
Female (115) te WIDOWED X DIVORCED	10-13-82 lost birthdoy) Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT
during most of working life, even if retired) INDUSTRY	Pennsylvania. G.S.a.
Bales Clerk UNKNOWN	4. MOTHER'S MAIDEN JAME
1/	14. MOTHER'S MAIDEN GRAVIE
HENRY W lopley	Elizabeth Winfield.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, grunknown) {(If yes give war or dotes of service)}	INFORMANIMED Recalls Address
LINKNOUN LINKNOUN La	Stern Shore State Gospital
1B. CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c).)	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	I neumonia ONSET AND DEATH
DUE TO 1	1
Conditions, if ony, which gave ) (b)	nech to llamon 35 day
rise to immediate couse (o),	) I I
stoting the underlying couse	
last. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o)  19. WAS AUTOPSY PERFORMED?
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	YES NO X
200. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Port I or Port II of item 18.)
	PAR
20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLA Hour o.m. A 10 While Not While for	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
Hour o.m. All 1966 While Not While of work of work	fogf, street, office-bldg, etc.)
21. I certify that I took charge of the remains described above, he	The same of the sa
deoth resulted from: Notural causes, Accident Suin	cide, Homicide, Undetermined monner
ACTUAL DATA Morae 4	CHIEF MEDICAL EXAMINER
SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER
EXAMINER'S / 14 W MARE IR	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)
NAME (Type)  230. PHISIAL CREMATION.   23b. DATE THEREOF   23c. NAME OF CEMETER OF OR	
230. BOSIAL, CREMATION, 23D. DATE THEREOF 23C MAME OF CEMETERY OK	CREMATORY 23d. TOCATION (City or Jown) (County) (Stote)
24KIFIL 7/ //199 104 8121	CHIEFT PALACETURE OF DESIGNATION CONTRACTOR CONTRACTOR
24. BUNERAL DIRECTOR ADDRESS	250. REGISTRAR 25b. REGISTRAR'S SIGNATURE
HILL TUN. HOME - SHLISBURY, VI	TCV. DATE DEP 7 1966 OCCUPA
1	Judge Judge

VR A15ME (5) 6M 1/66

**u runekat vikectok:** Page 3 should be used as o buriol-tronsit permit. File Health or its designated agent, prior to burial, crematian, or remaval, and 5 may be retoined for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then prease remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 15M 4-64 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12680

1.	a. CDUNTY	2. USUAL RESIDENCE (Where deceased lived, If institution: Rea. STATE b. COUNTY	esidence before admission)
	Dorchester MARYLAND	a. SIATE TYPE	Or,
	b. CITY OR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
	Cambridge Several Ways	Cambridge	09-1
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE
	Cambridge Maryland	Cordtown Road	ON A FARM?
3.	NAME DF First 1 Middle	Last   4. DATE Month	Day Year
	(Type or print) Kalhh Herbert C	arroll DEATH 9	23 1966
5.	SEX   6. COLOR OR FACE   7. MARRIED   NEVER MARRIED   8	B. DATE OF BIRTH 19. AGE (In years LIFTINDER)	
1/	Tale White WIDOWED DIVDRCED .	12/1/1900 (as birthday) Months	Days Hours Min.
10	a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR ling most of working life, even if retired) 1 INDUSTRY	11. BERTHPLACE (County & State, or foreign country)   12.7CL	TIZEN-OF WHAT
	Merchant - NeT.		UNTRY!
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	Herbert H. Carroll	Khoda Hurst	
IS (Y	i. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   172 es, no, or unknown)   (If yes in war or dates of service)	INFORMANT Address	· I na /
	IVO LE	sse West brook, (BMD)	r1090,110
	18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]	DID AT PALLATINE	ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ANCER HE	EAD OF THNOKEAS	3 MENIN
	15.7 X DUE TO		
	Conditions, if any, which gave rise to immediate (b)		
	cause (a), stating the DUE TO		
_	underlying cause last. (c)		
TIDI	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA		19. WAS AUTOPSY PERFORMED?
FICA	HYPERTENS.	10 N	YES NO
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED. (Enter nature of injury in Part I or Part II of Item 18.)	
CAL	2Dc. TIME OF INJURY Month, Day, Year   2Dd. INJURY OCCURRED   2De. PLAC	CE OF INJURY (Home, farm,   20f. (City or town) (Cour	nty) (State)
MEDICAL	Hour a.m. While Not While p.m. 19 at work at work	ry, street, office bldg., etc.)	
-	21. I certify that (I) (this hospital) attended the deceased from 3	19 to 7/23, 196	E that (I) (we) last
	saw the deceased alive on 4/23 1966, and that	death occurred a 33 M, from the causes and on th	e date stated above.
	22a. SIGNATURE		JE SIGNED
	M.t. terrety JRM.D.		27/66
	22c. PHYSICIAN'S NAME (Type) 11 E COLINIBAL IR	22d ADDRESS B 1'DC B	MD
1273	BRIGHT CREMATION, 23b. DATE THEREOF 23C NAME OF CEMETERY REMOVAL (Specify) 9 26 6 125 + NEW	OR CREMATORY 23d. LOCATION (City, town or country)	et, Modern
129	FUNERAL DIRECTOR	25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
1	ulh. Millorytoy Coast / hu Mil	DATE SEP 27 1966 Police	rlas Judge
1=			00

12680 - 12 1 1 18 65 - 165" all who is and a story to be a second DILL STORY OF THE PROPERTY OF

VR A15 (4) 15M 4-64

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 12681

1.	· OOLINTY	H Dorchester		MADVI AND	2. USUAL RESIDEN	MCE (Where deceased	b. COUNTY D	Residence before admission) orchester
	b. CITY OR TOW Write RURAL Cambr	N (If outside corpora and give nearest to	ate limits, wn)	c. LENGTH OF STAY IN 1b		If outside corporat	e limits, write RUR	AL and give nearest town)
			ON (If not In ho	spital, give street address)	d. STREET AOORES	S		e. IS RESIDENCE
1		ge-Maryland	d Hospit	al	R.I	F.D.		ON A FARM?
3.	NAME DF DECEASED (Type or print)		Irst 11iam	Middle <b>Martin</b>	Last Corkran	4. DATE DF OEATH	Month Septemb	0ay Year er 21 19 66
5.	SEX Male	6. COLOR OR RACE	7. MARRIED [		8. DATE OF BIRTH  June 22, 18	9. AGI	(In years   IF UNDE birthday)   Months	R 1 YEAR IF UNDER 24 HRS.
du	ring most of work Retired M		cdone   10b. KI		11. BIRTHPLACE (	County & State, or fo	reign country)   12.	CITIZEN OF WHAT COUNTRY? USA
13	B. FATHER'S NAM	E			14. MOTHER'S MAI			
	Uı	nknown			Mo:	llie Harpe	er	
		EVER IN U.S. ARMED F (If yes give war or dates	of service)		INFORMANT Carl Cork		Address	and
					Carl Colk	tan, nulle	ck, Maryi	
16		EATH WAS CAUSED BY IMMEDIATE CAUSE	Y: 1	ne for (a), (b), and (c).]				ONSET AND DEATH
	Conditions, If gave rise to	any, which lmmediate		ronie Py	eloneph	arctis		Two year
Z	cause (a), st underlying caus	se last.	(c)					
CERTIFICATION	PART II. OTHER S	SIGNIFICANT CONOITI	DNSCONTRIBU	TING TO DEATH BUT NOT RELA	ATEO TO THE TERMINAL	DISEASE CONDITIO	IN GIVEN IN PART 1(a	19. WAS AUTDPSY PERFORMED? YES NO
CERTIF	20a. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	WAS UNDERLYING ☐ NG ☐ CAUSE OF DEA TIFY MEDICAL EXAM	(TH (NER)	ESCRIBE HOW INJURY OCCU	JRRED. (Enter nature o	of Injury In Part I	or Part II of Item 1	8.)
MEDICAL	20c. TIME OF Hour a.r		While	JURY DCCURRED 20e. PLA factor	CE OF INJURY (Home, i ry, street, office bldg.,	farm, 20f. (City etc.)	or town) (Co	ounty) (State)
	saw the dec	ceased alive on 30	pital) attende	the deceased from L	hemby 3,	1966, to Sp 1216 M, from th		the date stated above.
	22a. SIGNATUR	arly F	Ban	of or M.C		MED. S	TAFF HYS.   22b.	OATE SIGNEO
	22c. PHYSICIA NAME (T)	pe) Carlos	F. B	arroso	ESS HOS	p. Camb	indge Do	rchester Md
23	a. BURIAL, CREM REMOVAL (Spe		THEREOF 23,1966	23c. NAME DF CEMETERY Washington C			on (city, town or cock, Maryla	
24	4. FUNERAL DIRE	CTOR /	-	AODRESS	1 25a RF	EC'O BY REGISTRAF	25b. REGISTRAL	R'S SIGNATURE
-	from France	intendand S	on, Fed	eralsburg, Man	yland OATE	SEP 30 19	66 gelia	rles Judge

. . . . . . . . . . . . . . . . . . designos tanivantendirens. William . Wartin Returned Morgoner and Filling Station Operator Correspondent Co. Md. | USA 219-36-5000 . Carl Corvan, Surlack, Maryland

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and many event, within 72 hours after death.

VR AI5 (4) 20M 1/65 MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH
12682

PLACE OF DEAT     alcounty					2. USUAL RESIDENC	CE (Where		institution:	Residence	before ad	mission)
DORCHE			MARYL			MD					
	WN (if outside corporal		c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (1)			WITH RURA	L and giv	e neares	t town)
			20-DAYS		CRISE	LIELO	)		19:	2	
d. NAME OF HO	OSPITAL OR INSTITUTIO	ON (if not in he	ospital, give street ad	ddress)	d. STREET ADDRESS				0.	. IS RESI	
EASTERN-S	HORE-STATE-	HOSPIT	AL		HALL	His	SHWAY		Y	-	NO ON
3. NAME OF DECEASED (Type or print)	.foun	irst D	Middle	ROCKE	Last	4. DA	ATE Mo	onth 23	Day	Yea	ar 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8   7	B. DATE OF BIRTH		9. AGE (in year	rs   IF UNDE	R 1 YEAR		
М	W	WIDOWED			10-23-79		last birthda	- Montano	Days	Hours	Min.
10a. USUAL OCCUPA during most of work WATER	TION (Give kind of work king life, even if retire MAN	ed) 1N	IND OF BUSINESS OR NDUSTRY		11. BIRTHPLACE (CO		MRRYLAND	itry)   12. (	CITIZEN O	FWHAT	
13. FATHER'S NAM	ME	1			14. MOTHER'S MAID	EN NAM	E				
Jo	SEPH-CROCKE	TT			EMILY	2 W	iebster				
15. WAS DECEASED	EVER IN U.S. ARMED FO	ORCES?   16.	SOCIAL SECURITY NO.	. 17.	INFORMANT		Add	iress	-		
Novakovi	None		6-72-0997		RECORDS OF	EAS	TERN SHOP	RE STA	TE HO	OSP.	
	DEATH [Enter only on		ne for (a), (b), and (c)	).]					INTER	RVAL BET	
PART I. D	DEATH WAS CAUSED BY IMMEDIATE CAUSE		har In	en	mond			-7	UNSE	I AND D	EKIN
490	X DUE		9								
Conditions, If	any, which	(b)							-		
gave rise to cause (a), s		TO									
underlying caus	ise last.	(c)									
PART IT: OTHER  20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	SIGNIFICANT CONDITION	ONS CONTRIBIO	TING TO DEATH BUT NO	OTRELAT	ED TO THE TERMINALD	ISEASE	CONDITIONGIVEN	IN PART 1(a		WAS AUT	MED?
20a, ACCIDENT	WAS UNDERLYING	20b. [	DESCRIBE HOW INJUR	RY OCCUF	RRED. (Enter nature of	injury i	n Part I or Part I	of item 1	8.) YES		NO 📑
	ING CAUSE OF DEAT	TH NER)	COUNTER TOTAL TITLE	1 00001	MED. LEMOI HALLING V.	mijary to	11 1016 1 01 1 016 1	1 Of Itom 2	0.)		
Hour a.	iNJURY Month, Day, .m. 19	Year   2Dd. IN While at work	Not While	0e. PLAC factor	E OF INJURY (Home, far y, street, office bldg., et	rm, 2Di	of. (City or town)	(Co	ounty)	(S1	tate)
21. I certif	lfy that (I) (this hosp	pital)_attende			/3	966,	to 5/2.		96, tha		
	eceased alive on	5/2	3 1966, an	nd that	death occurred at	SoM,	, from the cause				above.
222. SIGNATU	RE C	00			ATTENDING - M	MED	STAFF -	22b.	DATE SIGN	NED	-
Dome	+ Ime	eh_		M.D.	PHYS. D	DIRECTOR		117	125	16	4
NAME (T		. Smith	n, M. D.		22d. ADDRESS	Cambi	ridge, Mo	i.			
23a. BURIAL, CREM	MATION, 23b. DATE T	THEREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (City,	town or co	ounty)	(Sta	ate)
Burial (Sp.	Sept 2	6, 1966	Sunnyridge	e Cer	metery	Cr:	isfield,	Md.			
24. FUNERAL DIRE	ECTOR James	H. Ca	ADDRESS		25a. REC	'D BY RI	EGISTRAR   25b.	REGISTRAF	R'S SIGNA	TURE	
Bradshaw &	& Sons, Cris	sfield,	Md. 21817		DATE	SEP S	27 1966	Mely	arles	Jus	ye.

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CRANINAL SULLAND

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SECOND OF LASTERN SHORE STATE INCH.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after pleath. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12687

CERTIFICATE OF DEATH
12683

a. COUNTY Dorchester	2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland b. COUNTY Dorchester
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge  MARYLAND  c. LENGTH OF STAY IN 1b  Life	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Cambridge
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)  Cambridge Maryland Hospital	d. STREET ADDRESS 738 Bayly Road  e. IS RESIDENCE ON A FARM? YES NO A
3. NAME OF First Middle DECEASED (Type or print) ROXIE JUNE DALRYM	13
T. MARKIED A.A. HEVER MARKIED	April 5, 1938   9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   Months   Days   Hours   Min.
10a. USUAL OCCUPATION (Give kind of workdone during most of working life, even if retired) HOUSEWITE  10b. KIND OF BUSINESS OR INDUSTRY HOME	Cambridge, Maryland  12. CITIZEN OF WHAT COUNTRY?  USA
13. FATHER'S NAME Oliver Newcomb	Nannie Bell
	ter A. Dalrymple, Jr., Cambridge, Md.
Cenditions, If any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO (b) /e/ / / / / / / / / / / / / / / / / /	INTERVAL BETWEEN ONSET AND DEATH  The fast to the terminal disease condition given in part 1(a) 119. WAS AUTOPSY  TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 119. WAS AUTOPSY
OR CONTRIBUTING CAUSE OF DEATH	TED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. WAS AUTOPSY PERFORMED?   YES NO     NO
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLAC	CE OF INJURY (Home, farm, ry, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this hospital) attended the deceased from	death occurred at PM, from the causes and on the date stated above.  ATTENDING MED. STAFF 7.7. ATTENDING MED.
22c. PHYSICIAN'S NAME (Type) Lewis M. Burdette	22d. ADDRESS 661 Lucust ST, Cambridge Md
23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY Sept 28 1966 Dorchester Me	emorial Park Cambridge, Maryland
24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Mar	yland   25a. REC'D BY REGISTRAR   25b. REGISTRAR'S SIGNATURE

VR A15 (4) 20M 1/65 12684 A TANIA STATE OF THE STAT

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English Sept 28 1936 | Department of the Control of

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after deapth. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CFRTIFICATE OF DEATH

/	10000				184
1.	PLACE OF DEATH a. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE	(Where deceased lived, If institution b. COUNDOR	Residence before admission)
-	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)  Cambridge  De	TH OF STAY IN 16		outside corporate limits, write RUR.	AL and give nearest town)
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital,	Ive street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	Cambridge-Maryland Hospit		Rural		YES NO
3.	(1) Principle of the control of the		Daniel Daniel	4. DATE Month OF DEATH Sept.23,1	The state of the s
5.	SEX 6. COLOR OR RACE 7. MARRIED NEV		B. DATE OF BIRTH	9. AGE (In years   IF UNDI	ER 1 YEAR IF UNDER 24 HRS.
	Male White WIDOWED	OIVORCED	April 3,18	391 /5 yrs.	
du	oa. USUAL OCCUPATION (Cive kind of work done   10b. KIND OF E   10c. KIND		Ezel, Kent		COUNTRY? U.S.
13	3. FATHER'S NAME		14. MOTHER'S MAIDE	N NAME	
	Q.C.Daniel		Francis	Combs	
	5. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL Section of unknown)   (If yes give war or dates of service)	ECURITY NO.   17.	INFORMANT	Address F	R.D. 3
1,.	Yes World War 1	Mrs	.Florence	B. Daniel, Camb	ridge, Md.
	18. CAUSE OF DEATH [Enter only one cause per line for (a	), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Mila			4-d C4
	THE OUE TO A	, I	- 1	1 /	2 40
	Conditions, If any, which ) (b) William	o- poled	inh-h-	las Cene Clog	1
	gave rise to Immediate cause (a), stating the DUE TO	, C	),		
	underlying cause last. (c)				
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE CONDITION GIVEN IN PART 1(	a) 19. WAS AUTOPSY PERFORMED? YES NO
		HOW INJURY OCCU	RRED. (Enter nature of	Injury In Part I or Part II of Item	18.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year   20d. INJURY O	factor	CE OF INJURY (Home, far ry, street, office bldg., et		county) (State)
4EO	Hour a.m. While Not at work at	While work	/		
-	21. I certify that (I) (this hospital) attended the	deceased from	19	lee to 7/23, 19	64, that (1) (we) last
	saw the deceased alive on	19, and that	death occurred at	M, from the causes and on	
	22a. SIGNATURE		ATTENDING -4 M	STAFF 22b.	DATE SIGNED
	Ilm a I have fine	M.D.	. PHYS.	RECTOR PHYS.	26/60
	22c. PHYSICIAN'S NAME (Type)		22d ADDRESS	nd, hel	
23	BURIAL, CREMATION, 23b. OATE THEREOF 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, town or	county) (State)
	Burial Specify) Sept. 27, 1966	rlington	Natl.Cete	D BY REGISTRAR   250. REGISTRA	Ve-
2					0 0
J	Quiell K. Thousand Cambi	ridge, Md	• DATE S	EP 28 1966 Mclie	ever Judge

VR AI5 (4) 20M 1/65 . D. John Digeral, Lehmil . H. commodit, on

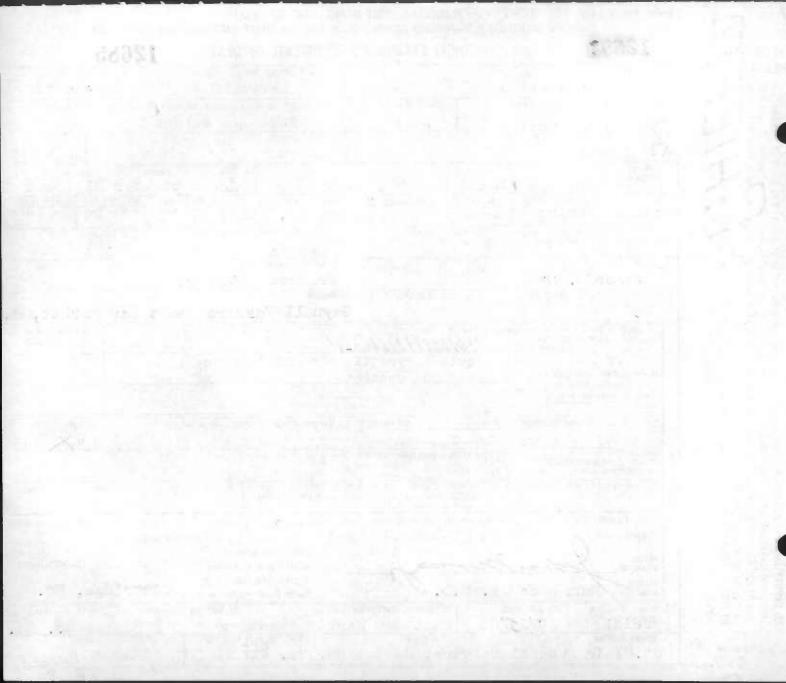
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12692 CERTIFICATE OF DEATH death. pdb 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) funerol 1 apd PLACE OF DEATH g. COUNTY ely filled in by the function bon popers. Pages 1 c Maryland Somerset Dorchester MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) 2 mos. 13 das. Ewell Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? Eastern Shore State Hospital Box 76 YES NO X 3. NAME OF Middle lost 4 DATE Month DECEASED September 1066 (Type or print) Tsaac AGE (In years 7. MARRIED NEVER MARRIED lost birthdoy) WIDOWED DIVORCED Male White 100 USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) waterman INDUSTRY Seafood COUNTRY? Virginia remova how Betty Ann Parks Nathan Dize IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Eastern Shore State Hospital records No Vale. 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) INTERVAL BETWEEN OUSER AND DEATH signed by the burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ò DUE TO Conditions, if ony, which gave rise to immediate couse (o), DUE TO TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending stoting the underlying couse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20g. ACCIDENT WAS UNDERLYING [ 205. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) to FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State 21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an\_ 1966, and that death accurred at from causes and an the date stated above. 220. SIGNATURE 22b\_ DATE SIGNED PHYS. DIRECTOR 22d. ADDRESS # 22c PHYSICIAN'S NAME (Type) FELIPE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) REMOVAL (Specify) EWELL METH, CEMETERY EWELL, MD. DURIAL 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) BRADSHAWF SONS -CRISFIELD MD. 20 M 1/66

executed within 24 hours after death

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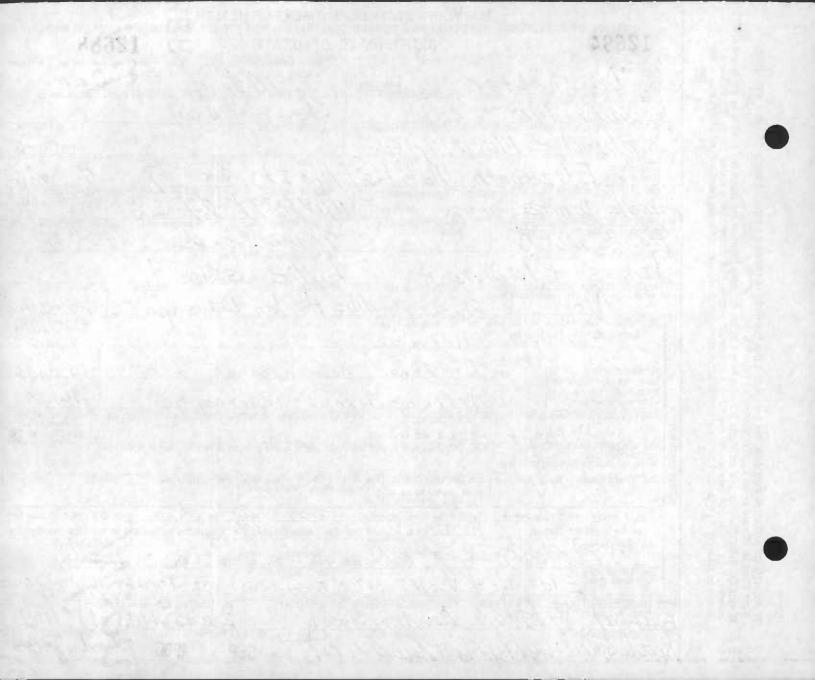
#### MARYLAND CTATE DEDARTMENT OF HEALTH

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22c. PHYSICIAN'S NAME (Type)  23c. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, Iown or county)   [Sh		22a. SIGNATURE	1-	ATTENDING	MED STAFE	22b. DATE SIGN
NAME (Type)  23e. BURIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, lown or county)   (5h)		(200x1/01/n	weer) M	muse II .		31014
NAME (Type)  23e. 8URIAL, CREMATION, 23b. DATE THEREOF   23c. NAME OF CEMETERY OR CREMATORY   23d. LOCATION (City, town or county)   [Sh		22c. PHYSICIAN'S		22d. ADDRESS		
REMOVAL (Specify)			23c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City, lov	wn or county) (State)
Burial 9 12 1966 Meadowridge Howard Co. Md.			Meadowridge		Howard Co.	Md.
24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE				25e. REG	C'D BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
Wa Caller 300 R R at Anna SED 1 1466 (Charles Viet	1		30 E. Fort Avre		SEP 11 1966	Milaylen Judga
MC CULLY 130 E. FORT TVE. DATE OLI 14 1000		The state of the s	70 70 1010	DATE	DE: 14 1000	1 0

138331 , co. 1 co. .65 .65 Energy Co. 26. . ---

1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, I	MARYI AND
i. 5 2 ii.	2694 CERTIFICATE OF DEATH 126	88
de and de and de and	DF DEATH  2. USUAL RESIDENCE (Where deceased lived, If institution: a. STATE b. COUNTY	Residence before admission)
the the	Y DR TOWN (If outside corporate limits,   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside, corporate limits, write RURA	L and give nearest town)
urs n by Pa ours	ite RURAL and give negrest town)  Secretary	09-1
executed within 24 hour. In and completely filled in a remove carbon papers. Fin any event, within 72 hou	ME DF HOSPITAL OR INSTITUTION (if not in hospital/ give street address)   d. STREET AOORESS	e. IS RESIDENCE DN A FARM?
within pletely arbon p arbon p rt, withi	DF First Middle / Last 2 / 4. DATE Month	Day Year
ed wo	or print) [ ] ZBDeth   IBT,   dd     DEATH    (6. CDLOR DR RACE   7 MARRIED   NEVER MARRIED   18. DATE OF BIRTH   19. AGE (In years   IF UNDER	1966 R TYEAR    F UNDER 24 HRS
executed and com remove c	ale white widowed Divorced 11/19/1891 7 last birthday) Months	Oays Hours Min.
sician lease r and in	LDCCUPATION (Give kind of work done st of working life, even if retired)  10b. KIND OF BUSINESS OR II. BHYTHPLACE (County & State, or foreign country) 12-C	OUNTRY?
certificate	IER'S NAME 1	
certifica ding of Then remova	DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT Address	3 7 2 5
at the death certificate be in.  In.  d by the attending physician ransit permit. Then please cremation, or removal, and in.	runkown) (1) yes give war or dates of service) 216-05-1804Mrs Harlan Davenboxt	lienna, Ma
y the ssit	CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  URenia	INTERVAL BETWEEN ONSET AND DEATH
ires that th physician. n signed by burial-transi burial, crem	331X OUE TD A	4 days
uires g phys an sig burit	rise to Immediate (b) CEREBRAL hemorrhage LEFT	15 days
law requires that the attending physician. has been signed by the as the burial-transit h prior to burial, cremain	(a), stating the OUE TO ORTERIO SCIEROSIS Generalized	14R +
	11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  DIABETES NELLITUS	19. WAS AUTOPSY PERFORMED? YES NO
SICIAN: The hospital or a certificate ached for use spt. of Health	ACCIOENT WAS UNOERLYING  ONTRIBUTING CAUSE OF DEATH OTHER, NOTIFY MEDICAL EXAMINER)  20b. OESCRIBE HOW INJURY OCCURREO. (Enter nature of injury in Part I or Part II of Item 18	
PHYSICIAN: the hospita r this certifi detached fo te Dept. of F		unty) (State)
a po e c	Hour a.m. While not While p.m. 19 at work factory, street, office bldg., etc.)	
	. I certify that (I) (this hespital) attended the deceased from 8-27, 1966, to 9-7, 1966 with deceased alive on 9-7, 1966, and that death occurred at 34 M, from the causes and on the deceased alive on 9-7, 1966, and that death occurred at 34 M, from the causes and on the deceased alive on 9-7, 1966, to 9-7, 1	66, that (I) (we) last
W(0) ≥	SIGNATURES) A 2 22b. (	DATE SIGNED
ITAL OR may be RAL DIR r, page be filed	PHYSICIAN'S NAME (Type) F I de 1	1 1/2/
O HOSPITAL Page 4 may O FUNERAL c director, pag should be fill	Zioniage in Volff, MD 613 Locust St. CHIMPKI	ge, Nd-2161
Pa TO F dir	10VAL (Specify) 9/9/66 handing Neck Edston/Kyro	21) NId
VR A15 (4)	A Wellarche Cont Man Mer lett CED 11 1000 Colu	is SIGNATURE
15M 4-64	my wording the remaining loane SEP 14 1000 f	



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
12655
CERTIFICATE OF DEATH
19689

								CHILL		
1. PLACE OF DEAT a. COUNTY DO	orchester		Manya	AAID	2. USUAL RESID a. STATE	Mary	land b. Co	OUNTY _	Residence be	
b. CITY OR TOW	/N (If outside corporate	limits	MARYL  I c. LENGTH OF STAY		C CITY OR TOWN		corporate limits,			
	N (If outside corporate and give nearest town	)			C. OTTT OR TOTTE		New Mark			nearest town,
	bridge		8 wks.2 d				New Mark	et - K	ural	077
	SPITAL OR INSTITUTION			dress)	d. STREET ADDRE	ESS				S RESIDENCE ON A FARM?
	bridge-Maryl		•			R.	F.D.			X NO
3. NAME OF DECEASED (Type or print)	Augu		Davi d		Ennalls	4. D	E	ember	26	Year 19 66
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In yea			UNDER 24 HRS.
Male	Negro	WIDOWED		t-	Dec. 18, 1	1884	last birthda 81 yrs	montain	Days H	lours Min.
	TION (Give kind of work do king life, even if retired)		IND OF BUSINESS OR		11. BIRTHPLACE	(County & S	State, or foreign cour		ITIZEN OF DUNTRY?	WHAT
Retired	Day Laborer	St	eel Company	V	Dorchest	ter Co	. Md.		SA	
13. FATHER'S NAM					14. MOTHER'S M			- 0.	222	
Isa	aac Young				Hanr	nah En	nalls			
15. WAS DECEASED	EVER IN U.S. ARMED FOR	CES?   16.	SOCIAL SECURITY NO.	17.	INFORMANT		Add	iress		
No No	(If yes give war or dates of s	service)	Unknown	В	essie W. H	Ennall	s, East N	ew Mar	ket, 1	Md., RFD
1 18. CAUSE DF	DEATH [Enter only one	cause per l	ine for (a), (b), and (c)	.]		1141			INTERV	AL BETWEEN
PART I. DI	EATH WAS CAUSED BY: IMMEDIATE CAUSE (	Cani	dogor	nnor	nantion				ONSET	AND DEATH
17775	IMMEDIATE CAUSE (	a) Var C	itac decoi	Ther	IDA UT OIL					
7.7	DUE TO			da 3				7	Mass	
Conditions, If		) WI. (	cerioscle	.00	le cardi	o vas	cular re	enal	ren	weeks
cause (a), s	DILE T								191	
underlying caus	se last.	dise	ease							
PART II. OTHER S  2Da. ACCIDENT OR CONTRIBUTI (IF EITHER, NO	SIGNIFICANT CONDITION	IS CONTRIBL	JTING TO DEATH BUT NO	TRELA	TED TO THE TERMIN	AL DISEASE	CONDITION GIVEN	IN PART 1(a)		AS AUTOPSY ERFORMED?
2Da. ACCIDENT OR CONTRIBUT	WAS UNDERLYING ☐ ING ☐ CAUSE OF DEATH TIFY MEDICAL EXAMINE	2Db. 1	DESCRIBE HOW INJUR	Y OCCU	RRED. (Enter natur	e of Injury	In Part I or Part I	l of Item 18.	.)	
	TIFY MEDICAL EXAMINE	R)								
	INJURY Month, Day, Ye	ear   2Dd. I	NJURY OCCURRED   21	e. PLA	CE OF INJURY (Home	e, farm, 20	of. (City or town)	(Cou	inty)	(State)
Hour a.i		While	Not While	Tacto	ry, street, office bldg	g., etc.)			-	
		at work		Ta	137 26	66	Sontor	200006	196	6
21. I certii	fy that (1) (this hospit	(al) attend	ed the deceased fri	om_oc	11,9 20	,219 00,	to Septer	TATATO	, that	(I) (we) last
	ceased alive on Sex	0,00	1900 , ar	d that	death occurred a	A- M	, from the cause			
22a. SIGNATUI	REGULAN WE	111	21	M.D	ATTENDING K	MED. DIRECTO	R STAFF		ATE SIGNE	. 1966
22c. PHYSICI	(N'8		7	141.10	1 22d. ADDRESS		K L Fills. L	10000	• )0	,,
NAME (Ť:	ppe) Dr. J. E	dwin	Fassett		727 Pi	ine S	t. Cambi	ridge,	Mar	yland
23a. BURIAL, CREM	MATION, 23b. DATE TH	EREOF	23c. NAME OF CEN	METERY	OR CREMATORY	23d.	LOCATION (CIty	town or cou	inty)	(State)
REMOVAL (Sp. Buria)	Oct.1,	1966	Lienas Roa	d C	emetery		ambridge,			
24. JUNERAL DIRE			ADDRESS		25a.		EGISTRAR   25b.			IRE
	aptom and So	n, Fed	eralsburg,	Mar	yland DATE	OCT	4 1966	Ocha	rles &	udge
			9,		1	- M.M.	1000	-66		- //

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Tayali C. othe ?

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Satired Day Laborer Steel Commany | Dereheadur Co., Md. | HEA

Doriel Dot. 1, 1965 Livens Head Compress of Castridge, 10., 1850

Dec. 18, 1884

Hernel Carellin

Joseph W. Mangella, "Land Wey Market", No., NY

the state of the same reducing the state of the same same and the same of the

FOR STATE

y delay is

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form PM3. Page he State Department of **O FUNERAL DIRECTOR:** Page 3 should be used as a burial-transit permit. File pages land 2 mit, the State Department of Health or its designated agent, prior to burial, cremation, or remaval, and in any event within 72 hours ofter death. 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit.

necessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1,

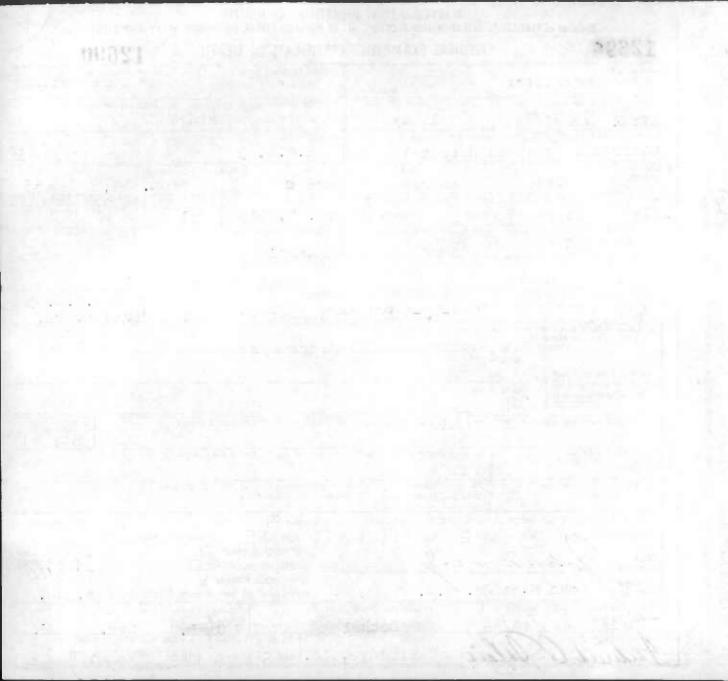
CAL EXAMINER: This certificate should be executed within 24 hours after death. If

TO DEPUTY ME

MARYLAND STATE DEPARTMENT OF HEALTH

		ICAL RESEARCH AND REC	ORDS, 301 W.	PRESTON STRE	ET, BALTIMORE, MARYLAI	ND 21201
12	595	MEDICAL EXAM	INER'S CER	RTIFICATE O	F DEATH 1	2690
1. PLACE O a. COUN		M	ARYLAND 2. I	ISUAL RESIDENCE (W	there deceased lived, if institution land b. COUNTY	Residence before admission) Dorchester
write	OR TOWN (If autside carparate limits, RURAL and give nearest tawn)			TY OR TOWN (If out	rside carporate limits, write RURAL	and give nearest tawn)
KAIX	XX Cambridge	l day			campi. rage	09-1
	OF HOSPITAL OR INSTITUTION (If not		d. :	TREET ADDRESS	2	e. IS RESIDENCE ON A FARM?
3. NAME O	bridge Maryla			R.F.D.	3	YES NO X
DECEASE (Type ar	print) Iva	Andrew		nel <b>s</b>	4. DATE Month OF Sept.	13, Pay Year 19 66
S. SEX	6. COLOR OR RACE	7. MARRIED NEVER MARR		TE OF BIRTH	I have broad do A DA	UNDER 1 YEAR   IF UNDER 24 HRS.
Male	Negro	WIDOWED DIVOR		t. 9,19:	14 51 yrs.	lanths Days Haurs Min.
	OCCUPATION (Give kind of work done of working life, even if retired)	IOB. KIND OF BUSINESS OR INDUSTRY Lumber	11.	BIRTHPLACE (State of Marylar		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER	'S NAME		14.	MOTHER'S MAIDEN N	AME	
	George Ennels			Minnie	Banks	
15. WAS DEC	CEASED EVER IN U.S. ARMED FORCES? unknawn) (If yes give war ar dates af	service) 214-13-580	17. INFOR	MANT	Address Ennels Camb	R.F.D. 3
Candition rise to i stating last.	DUE To the underlying cause (a)	Ruptured ce	erebral	aneurys	sm.	INTERVAL BETWEEN ONSET AND DEATH
PART II.	OTHER SIGNIFICANT CONDITIONS COL	NTRIBUTING TO DEATH BUT NOT R	ELATED TO THE TE	RMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES X NO
PRIMAR	CTERNAL CAUSE WAS Y □ or CONTRIBUTING □ DEATH.	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter	nature of injury in Pa	art I ar Part II of item 18.)	
ZOc. TIM	ME OF INJURY Manth, Day, Year Haur a.m. p.m. 19	20d. INJURY OCCURRED While Nat While at work	20e. PLACE OF factory, str	NJURY (Home, farm, eet, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
	URE To be a second	causes 🗷 , Accident	above, held an ], Suicide [ M.D	, Hamicide [ CHIEF MEDICAL E. ASSISTANT MEDIC DEPUTY MEDICAL	XAMINER AL EXAMINER	22. DATE SIGNED 9/16/66
23a. BURIAL,	PREMATION, 23b. DATE THERE	EOF 23c. NAME OF CEA	METERY OR CREMA		23d. LOCATION (City or Town)	(Caunty) (State)
REMOV)	AL (Specify) 9/18/		ethel		Camb.	Dor Md. RAR'S SIGNATURE
tu	linet (1. At	//	idge,		P 2 0 1966 00	

VR A15ME (5) (5)



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12697 CERTIFICATE OF DEATH  12691  1 PLACE OF DEATH  2 USUAL RESIDENCE (Where deceased lived, if institution: Residence befor	re odmission)
PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before	re odmission)
8 5 8 0 COUNTY / L	
b. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  b. (ITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Ambhidge  Description:  Ambhidge  Description:  Ambhidge  Description:  Descripti	st town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)  d. STREET ADDRESS  Near Harmony  Near Harmony	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First Middle A Darrett Huhart OF OF DEATH SEPT 11	1966
DIVORCED X - 1414 175 VIE	Hours Min.
100. USUAL OCCUPATION (Give kind of work done during parts of working life, even if retired) and Waterman  100. USUAL OCCUPATION (Give kind of work done during parts of working life, even if retired) and Waterman  11. BIRTHPLACE (County & Stote, or foreign country)  12. CITIZEN OF COUNTRY?  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  STEVEN FLUX ARTY  15. BIRTHPLACE (County & Stote, or foreign country)  16. COUNTRY?  17. BIRTHPLACE (County & Stote, or foreign country)  18. BIRTHPLACE (County & Stote, or foreign country)  19. CITIZEN OF  COUNTRY?	
13. FATHER'S NAME  Steven Pluharty  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give wor or dotes of service)  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  19. CARPTINE Co-Id.  10. MOTHER'S MAIDEN NAME  11. INFORMANT  12. INFORMANT  13. FATHER'S NAME  14. MOTHER'S MAIDEN NAME  15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, grunknown) (If yes give wor or dotes of service)  217-10-8964  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	
Steven Fluharty  15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  18. CAUSE OF DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)  18. CAUSE OF DEATH WAS CAUSED BY:  18. CAUSE OF DEATH WAS CAUSED BY:  18. CAUSE OF DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	
1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o) B   La Daral Brown Claype and Control Brown Claype and Control Brown Cont	
Conditions, if ony, which gove (b) congestive heart for live	
stoting the underlying couse (c)	VACATITA DAVA
는 등 등 등 등 2 let	PERFORMED?
	(54.4.)
Hour o.m.  19 While Not While of toctory, street, office bldg., etc.)  while of work of work of work of two	
21. I certify that (I) (this hospital) attended the deceased from July 10, 1966, to Sept. 11, 1966, the sow the deceased olive on Sept. 11, 1966, and that death occurred at 11, 12, 13, 14, 15, 15, 15, 15, 15, 15, 15, 15, 15, 15	
M.D. ATTENDING MED. STAFF A Q - 14	
22c. PHYSICIAN'S PRALE W. Rieckert F New Mark of CHATTERY OF CH	( d) (State)
FEMOVAI (Specify)	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)   0.5TATE
24 TOTAL DIRECTOR CONTROL OF THE CON	Judge

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	12 - 14	CONTRACTOR OF THE PARTY OF THE	
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		N WHILE S. P. S.	
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	DIVISIO	N OF STATISTIC	MAI CAL RES	RYLAND STATE DE EARCH AND RECORDS CERTIFICAT	PARTMENT OF 5, 301 W. PRESTO E OF DEATH	N STREET	H r, baltimor	E 1, MARY 2692	LAND	
1.	PLACE OF DEAT	Dorche:	ster	MARYLAND	2. USUAL RESIDENCE a. STATE Mary	E (Where dece	eased lived, If insti b. COUNT			nission)
	Hur	N (if outside corpora and give nearest tow lock		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If	outside corp	orate limits, write		09-1	1
		Street	ON (if not In	hospital, give street address)	d. STREET ADDRESS Oak	Street			ON A FA	
3.	NAME DF DECEASED (Type or print)	Ruth	rst 1	Middle Stevens	Last Hall	4. DATE OF DEATH	Month Sept.	Day 3	Year	
I	SEX Cemale	6. COLOR OR RACE White	WIDOWE	D DIVORCED	8. DATE OF BIRTH <b>Feb.</b> 18, 18		AGE (In years IF ast birthday) yrs.	lonths Days	Hours	24 HRS. Min.
dur	ing most of work House		done 10b.	KIND OF BUSINESS OR INDUSTRY Home	Dorchester	-		12. CITIZEN COUNTRY USA	OF WHAT	
		W. Stevens			14. MOTHER'S MAID Emma Wi					
		EVER IN U.S. ARMED FO (If yes give war or dates o		7.4	INFORMANT Harry S. Hal	11	Address Hurlo	ck, Md.		
		EATH WAS CAUSED BY IMMEDIATE CAUSE  / DUE any, which immediate tating the DUE	(a) 171 TO Qd TO	etastase tun etastase tun enocucinoma	nor on la	mgs Ilbiado	64	ONS	e ine	EATH
CERTIFICATION	PART II. OTHERS	SIGNIFICANT CONDITION		BUTING TO DEATH BUT NOT RELA				YE	WAS AUT PERFORM	
	OR CONTRIBUTI	WAS UNDERLYING  ING  CAUSE OF DEA TIFY MEDICAL EXAMI	TH NER) 20b.	DESCRIBE HOW INJURY OCCU	IRRED. (Enter nature of	Injury in Par	t I or Part II of I	item 18.)		
MEDICAL	20c. TIME OF Hour a.r p.s		Year   20d. Whil at wo	e Not While facto	CE OF INJURY (Home, fai ry, street, office bldg., et	c.)	City or town)	(County)	(St	ate)
		ceased alive on 9,	/3/66 F 15	ded the deceased from, and that  CUCSO M.D	attending K by Phys. Attending K by Phys. 22d. Address Hurlock	MED. DIRECTOR	staff PHYS.			
23a	REMOVAL (Spe Burial	Sept.	THEREOF 196		emetery	Hur	lock	Maryla		te)
24			Home,	ADDRESS Federalsburg, M			1966 REG	istrar's sign	Judg	٤.

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Teb. 18, 1895 71

Morry S. Hall Horlock, Mr.

John W. Stavans

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Brist Sent, 6, 1966 Unahineton Commission | Surface Maryland

Trimpled Tomoral Home, Federalabura, Md. 1559 p. 1868

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY after after Dorchester MARYLAND the Maryland Dorchester CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN 1b papers. 1 by hours Cambridge = Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET AOORESS e. IS RESIDENCE ON A FARM? 24 within / Cambridge-Maryland NO TV Hospital YES Race etely within carbon NAME OF First 4. DATE Month Middle Last Day Year DECEASED event, 1 comple (Type or print) DEATH 1966 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. Edgar Mitchell Harrison 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX DATE OF BIRTH and con 9. any White WIDOWEDXX DIVORCED Male .880 = 10a, USUAL DCCUPATION (Cive kind of work done | 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician d) pe during most of working life, even if retired) INDUSTRY please Clerk Goods Talbot. Maryland certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 50 tending print. Them remov William P. Harrison Elizabeth Horner 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT transit permit. Address (Yes, no, or unkown) | (If yes give war or dates of service) 220-48-3144Mrs. V. Calvin Trice Cambridge Md. INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed the burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive heart failure week IMMEDIATE CAUSE (a) DUE TO Arteriosclerotic C-V Disease Years Cenditions, If any, which gave rise to immediate **OUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY 19. for use Health PERFORMED? certificate CERTIFICATI NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTINC ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) detached f this MEDICAL (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. After Not While p.m. at work at work P 21. I certify that (I) (this hospital) attended the deceased from age 3 should iled with the and that death occurred at OA M. from the causes and on the date stated above. saw the deceased alive on. 19 22a. SICNATURE 22b. DATE SIGNED pe ATTENDING STAFF page MED. DIRECTOR PHYS. M.O. may HOSPITAL FUNERAL PHYSICIAN'S 22d. ADDRESS director, p NAME (Type) John ace 23c. NAME OF CEMETERY OR CREMATORY BURIAL, CREMATION, 23b. DATE THEREOF LOCATION (City, town or county) (State) 23a. 2 REMOVAL (Soecify)
Burial 66 Cambridge Cemetery Cambridge Md. REC'O BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR 25a. 24. Cambridge Md. VR A15 (4) DATE 20M 1/65

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. 24 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the hospital or attending physician.

> VR A15 (4) 15M 4-64

	DIVISIO		IARYLAND STATE DEI ESEARCH AND RECORDS			RE 1 MARYLAND
	1270	n	CERTIFICAT			2694
1.	PLACE OF DEAT a. COUNTY	Dorchester	MARYLANO		CE (Where deceased lived, If inst aryland b. COUN	itution: Residence before admission)  TY Dorchester
	b. CITY OR TOW Write RURAL	N (if outside corporate limits and give nearest town)  Cambridge			foutside corporate limits, writer of the corporate limits of the corporate lim	te RURAL and give nearest town)
	d. NAME OF HO	SPITAL OR INSTITUTION (if no Cambridge-Mary	t in hospital, give street address)  land	d. STREET AOORESS	.F.D. # 2	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME DF DECEASED (Type or print)	First Mary	Middle Alice	Last Jackson	4. DATE Month OF OEATH Septemb	Oay Year
5.	SEX	6. COLOR OR RACE 7. MAR	MEACH MAKKIED	8. OATE OF BIRTH	last hirthday) T	FUNDER 1 YEAR IF UNDER 24 HRS.
	Female			June 24, 18	yrs.	
	House		INDUSTRY Home	Dorchest	county & State, or foreign country) er County, Md.	COUNTRY?
13.	FATHER'S NAM		SAL TRUE SERVICE	14. MOTHER'S MAIL		
100	WASSESSES	William Jolle			ry E. Chase	
(Ye	s, no, or unkown)	EVER IN U.S. ARMED FORCES? (If yes give war or dates of service)		s. Naomi Mu	Address rray, Hurlock,	
		DEATH [Enter only one cause	per line for (a), (b), and (c).]			INTERVAL BETWEEN ONSET AND OEATH
	PART 1. O	EATH WAS CAUSED BY: IMMEDIATE CAUSE (a) C	erebral hemorrh	nage		ONOE! AND ODIN
	4221	DUE TO				9-1-66
Н	Conditions, if gave rise to	any, which (b) A:	rterio scleroti	ic cardio	vascular dis	ease9-13-66
	cause (a), s	tating the OUE TO				
N	PART II OTHER		TRIBUTING TO DEATH BUT NOT RELA	TEO TO THE TERMINAL	DISEASE CONDITION GIVEN IN P	ART 1(a) 119. WAS AUTOPSY
CERTIFICATION						YES NO
	20a. ACCIDENT OR CONTRIBUT (IF EITHER, NO	WAS UNDERLYING 2011 2011 2011 2011 2011 2011 2011 201	Ob. OESCRIBE HOW INJURY OCCU	RREO. (Enter nature of	f Injury in Part I or Part II of	Item 18.)
MEDICAL	20c. TIME OF Hour a.i	n.	20d. INJURY OCCURRED 20e. PLAC factor	CE OF INJURY (Home, fa ry, street, office bldg., e	arm, 20f. (City or town)	(County) (State)
	21. I certif	y that (I) (this hospital) at	tended the deceased from	9-1- ,1	9 66 to 9-13-66	, 19, that (I) (we) last
	saw the de	ceased alive on 9-13.	- 1966, and that	death occurred at_	M, from the causes a	nd on the date stated above.
	22a. SIGNATU	RE Halles	M.O	ATTENOING PHYS.	MEO. STAFF OIRECTOR PHYS.	9-21-66
	22c. PHYSICIA NAME (T	unal	Fassett, M.D.	727 Pine	St. Cambrid	ge, Maryland
23a	BURIAL, CREW	MATION, 23b. OATE THEREOF	23c. NAME OF CEMETERY	-,, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	23d. LOCATION (City, tov	
	Burial	3-17-00	Petersburg Ce		Near Hurlock,	
24. J	Wrozast 1	iduptom the mptom and Son.	Federalsburg, Md.		SEP 3 0 1966	Charles Judge
-	/				- #	# 0 =

S. 0 . T. F. F.

Party Alice Jackson - Sentembly 15 - 65

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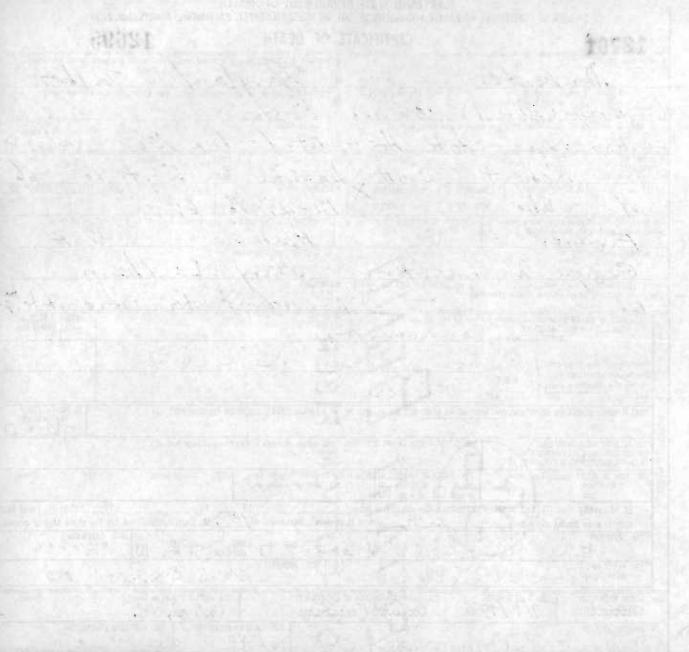
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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CERTIFICATE OF DEATH

	16000	CERTIFICATE	. OI DEATH	14	030
	PLACE OF DEATH		2. USUAL RESIDENCE	(Where deceosed lived, if institution	
	a. COUNTY DORCHESTER	MARYLAND	o. STATE MAR	b. COUNT	WICOMICO
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b		outside corporote limits, write RURA	
	write RURAL and give nearest town)	4YRS . 8MOS . 26D	As. SALIS	RIIRY	17.2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS	D UN I	e. IS RESIDENCE
	EASTERN SHORE STATE		410 0	CAMDEN AVENUE	ON A FARM? YES NO X
3.	NAME OF First	Middle	Lost	4 DATE Month	
	DECEASED (Type or print) CONST.	Wand a mi Ot	MANN	OF DEATH SEPTEMBE	
		1 VIII CE	8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.
	14	WIDOWED X DIVORCED		lost birthdoy)	Months Doys Hours Min.
	D. USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	07-08-91	75 yrs.	12. CITIZEN OF WHAT
	ring most of working life, even if retired)	INDUSTRY			COUNTRY?
12	HOUSEWIFE FATHER'S NAME		CHARLOTTE  14. MOTHER'S MAIDEN	ESVILLE, VA.	U.S.A.
15.					
10	WILLIAM T. VANDERGR	CIF	SARAH AR		
	. WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dates of serv	ervice)	INFORMANT	Address	
	- No	- EAS	STERN SHORE	STATE HOSPITAL	
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	er line for (o), (b), ond (c).)			INTERVAL BETWEEN
	IMMEDIATE CAUSE (o)	BRONCHOPNEUMONIA			20NST AND DEATH
	DUE TO				2100
	Conditions, if ony, which gove rise to immediate couse (a),	MYOCARDIAL INFAR	CTION		J anys
	stoting the underlying couse DUE TO				
	last. (c)				
N.	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
ATIC					YES NO X
MEDICAL CERTIFICATION	200. ACCIDENT WAS UNDERLYING	205. DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in	n Port I or Port II of item 18.)	
E. C.	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
SICAL	20c. TIME OF INJURY Month, Doy, Yeor		ACE OF INJURY (Home, for		(County) (State)
MEL	Hour o.m.	While Not While of work of work	tory, street, office bldg., etc	i.)	
	21. I certify that (1) (this haspital	al) attended the deceased fram	01-03	1962 to 09-29	1966 that (1) (we) las
	saw the deceased alive an OS	9-29 19 66, and that	t death occurred a	11:45PM, fram causes a	nd an the date stated above
1	220. SIGNATURE				22b. DATE SIGNED
	Corres + 10	auso M.C		MED. DIRECTOR PHYS.	09-29-66
	22c. PHYSICIAN'S	2	22d. ADDRESS		
	NAME (Type) CARLOS F.	. Barroso	E.S.S.Ho	OSPITAL, CAMBRID	GE, MARYLAND
230	b. BURIAL, CREMATION, 23b. DATE THEREOF		CREMATORY	23d. LOCATION (City or Town	n) (County) (Stote)
	REMOVAL (Specify) 10-1-196	66 Maplewood Cem	netery	Charlottesvil	lle. Va.
24	4. FUNERAL DIRECTOR	ADDRESS	2So. REC		ISTRAR'S SIGNATURE
C	Hill Funeral Home	Salisbury, Maryl	land DATE (	OCT 5 1966 /	Thanks mag
4	a man and a language			77	1.7

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the buriol-tronsit permit. Then of ease remove carbon papers. Pages F-and should be filed with the State Dept. of Health prior to buriol, cremotion, or removal, and in ony event, within 72 hours after death

VR A15 (4) 20 M 1/66

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12703 CERTIFICATE OF DEATH 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. CDUNTY b. COUNTY LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town 8 mos. TEVENSVILLE d STREET ADDRESS e. IS RESIDENCE ON A FARM? STEVENSVILLE. MARYLAND YES | NO Middle DATE 3. NAME DF First Day Year OF DEATH DECEASED 66 IF UNDER 1 YEAR AGE (In years 7. MARRIED NEVER MARRIED Months Hours WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10g. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired INDUSTRY RETATI 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME MERCHANT SIMA 16. SOCIAL SECURITY NO. 17. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY neumonia IMMEDIATE CAUSE (o) DUF TO Conditions, if ony, which gove rise to immediate couse (a) DUE TO stoting the underlying couse 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) NO YES 20o. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Yeor Hour o.m. foctory, street, office bldg., etc.) Not While 21. I certify that (1) (this hospital) attended the deceased fram IN COLL saw the deceased alive an Schiember 17 1966, and that death occurred at 210 QM, from causes and an the date stated above 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. M.D. PHYS DIRECTOR S Hospital 22c. PHYSICIAN'S Cambridge Dorches Ry Md NAME (Type) ( 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION. (County) (Stote) REMOVAL (Specify) 9/19/66 BNAI ISRAE BURTAL 24. FUNERAL DIRECTOR BALTIMORE MARYLAND

ADDRESS

SOL LEVINSON & BROS. INC., 6010 REISTERSTOWN

250 REC'D BY REGISTRAR

DATE

25b. REGISTRAR'S SIGNATURE

**O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be filed v VR A15 (4) 20 M 1/66

executed within 24 hours ofter death

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OR ATTENDING PHYSICIAN: The law requires that the death certificate

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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

PM3. Page Item 18. Give Pages 1, 2, and 3 ta pages tand 2 with the State Department af ice alang with farm the funeral directar. Page 4 shauld be farwarded ta the Chief Medical Examina in pencil File necessary, please execute the certificate, writing the ward "pending"

CAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If

TO DEPUTY ME.

delay is

Health ar its designated agent, priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. 5 may be retained far yaur files.

24. FUNERAL DIRECTOR
LeCompte Funeral Service, Cambridge, Maryland

2Sb. REGISTRAR'S SIGNATURE

2So. REC'D BY REGISTRAR SE

	1270	4	WED	ICAL EXAMI	NER'S	CERTIFICATE O	F DEATH	12698	
1.	g. COUNTY DO	rchester		MAF	RYLAND	2. USUAL RESIDENCE (V	Where deceased lived, if it and b	institution: Residen	ce before odmission)
	b. CITY OR TOWN   write RURAL on Cambri	(If outside corporate limits, digive nearest town)		C. LENGTH OF STAY		c. CITY OR TOWN (If ou <b>Fishi</b>	tside corporate limits, wr ng Creek	ite RURAL ond give	e neorest town)
	d. NAME OF HOSPIT	TAL OR INSTITUTION (If not mbridge Mar)	in hospitol, land	give street address) Hospital		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED (Type or print)	WILL		Middle HENRY	McGI	LAUGHLIN	4. DATE OF DEATH	Month September	- 17
	Male	6. COLOR OR RACE White	7. MARRIED WIDOWED	NEVER MARRIE		Nov. 17, 190	02	eors IF UNDER 1 loy) Months yrs.	YEAR IF UNDER 24 HRS. Doys Haurs Min.
du	waterma	N (Give kind of wark done life, even if retired)		IND OF BUSINESS OR VOUSTRY		Dorchester	Co., Md.		IZEN OF WHAT UNTRY? USA
13	. FATHER'S NAME	John McGla	ughli	n		Nannie			
1S (Y	. WAS DECEASED EVI es, no, or unknown) NO	R IN U.S. ARMED FORCES? (If yes give wor or dotes of	service) 16.	social security no.		NFORMANT CS. W. H. Mo	Glaughlin,	Address Fishing	Creek, Md.
		EATH (Enter only one cous- TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE T	) Co	(o), (b), ond (c).)	cclu	sion			ONSET AND DEATH
	Conditions, if ony rise to immediate stating the under lost.	rlying cause DUE T	0						
ATION	PART II. OTHER SI	GNIFICANT CONDITIONS CO	NTRIBUTING	TO DEATH BUT NOT RE	LATED TO T	HE TERMINAL DISEASE CON	DITION GIVEN IN PART 1	(0)	19. WAS AUTOPSY PERFORMED? YES NO 🔀
L CERTIFICATION	2Do. EXTERNAL CA PRIMARY ☐ or CO CAUSE OF DEATH.		20b. DI	SCRIBE HOW INJURY C	CCURRED. (	Enter noture of injury in E	Port I or Port II of item 1	8.}	
MEDICAL	20c. TIME OF INJ Hour a.r p.r	10	2Dd. 1 While ot wor			E OF INJURY (Home, form, iry, street, office bldg., etc.)	, 2Df. (City or tow	vn) (Cou	nty) (Stote)
	ACTUAL SIGNATURE	y that I took charge ted from: Natural ohn Mace	couses 🛚	_	bave, hel	de, Hamicide CHIEF MEDICALM.D. ASSISTANT MEDI DEPUTY MEDICAL	CAL EXAMINER		and in my apinian  66 <sup>22. DATE SIGNED</sup> dge, Md.
230	BURIAL CREMATIC			23c. NAME OF CEM Dorchest		REMATORY emorial Park	23d. LOCATION (City Cambridge	or Town) (ge, Mary	(County) (State)

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## MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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death	L ond ler death		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceosed	lived, if institution: Residence before	odmission/
	funeral l ond ler deat		COUNTY OF THE TENT	MARYLAND	O. STATEMADILIANA	b. COUNTY	-
fter	Fre f	-	b. CITY OR TOWN (If outside corporate limits,	C. LENGTH OF STAY IN 1b	c. CITY OR JOWN, It outside corporote	limits write PUPAL and give accept	town
0	Pages urs affe		write RURAL and give nearest town)		La consideration of the composition	minns, write KOKAL old give lieolesi	lowii)
24 hours ofter	0		Ambridge	46 yrs-3 days	Mebron.	22-1	2
ě	- 55		NAME OF HOSPITAL OR INSTITUTION (If not in	hospitol, give street address)	d. STREET ADDRESS	e.	IS RESIDENCE ON A FARM?
24	filled in paper hin 72	1	eAstern Shore S	TATE HOSPITAL		YE	
hi		1	NAME OF First	Middle	ALOST 4. DATE	Month Doy	Year
×	corbon ent, witl		DECEASED	. 0	N/ OF	< -t	1966
be executed within		-	Type or print)	HADDIED TO MENTED TO	/ DEATH		F UNDER 24 HRS.
E	om ve	3~	1 1111-4	MARRIED NEVER MARRIED			Hours Min.
×e		17	emale White	WIDOWED DIVORCED	11-20-15	90 yrs.	
96	9 - 6		USUAL OCCUPATION (Give kind of work done	10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stote, or forei	gn country) 12. CITIZEN OF V	VHAT
e	icion lease ond i	OSI	ng most of working life, even if retired)	INDUSTRY	MARY/ANG-	USA COUNTRY?	15H.
ical		13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
E	her pl noval,	1	1), Iliam J. Jacks	01	Louise B1	polley	
9	ET E	15	WAS DECEASED EVER IN U.S. ARMED FORCES?		MITORMANT	Address /	
the death certificate	ending phys nit. Ther p or removal,	(Y	s, no, or unknown) ((If yes give wor or dotes of se	ervice)	) / / 6 -	1 (1	1//
de			00	212-56-16601/10	cords of 6As	lein Shoresial	017049.
the	a — =		18. CAUSE OF DEATH (Enter only one couse	per line for (o), (b), ond (c).)			VAL BETWEEN
that	signed by the		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Billonerex 05	orundio pueu	un you a UNSE	T AND DEATH
+ 5	tran crer		DUE TO	0.	1 1 0 0		
ires	signed signed buriol- buriol,		Conditions, if ony, which gove ) (b)	Conse d'us	usant da Ve	2	
requires			rise to immediate couse (o), DUE TO				
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		CERTIFICATION				YE	NO 🔲
AN	문학교	IIE	20o. ACCIDENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCURRED. (	(Enter noture of injury in Port I or Port II	of item 18.)	
SIC	certificate hed far u	CER	OR CONTRIBUTING (CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYSICIAN Physician	his certi etached Dept. of	MEDICAL	20c. TIME OF INJURY Month, Day, Yeor	20d. INJURY OCCURRED 20e. PLAC	E OF INJURY (Home, farm, 20f. (	City or town) (County)	(Stote)
G 4	= <del>+</del> <del>-</del> <del>-</del>	MED	Hour o.m.		ory, street, office bldg., etc.)		
N	After the de de de Stote		p.m.	ot work U ot work U	10	10	. (1) ( ) 1
ATTENDIN Stained by			21. I certify that (I) (this hospit	al) attended the deceased fram	, 19, to_	, 19, that	t (I) (we) las
H	<b>8</b> 9 4		saw the deceased alive an	17/12 19 66, and that	t death accurred at 3 30 AM,		
A	DIRECTOR: ge 3 should led with th		220. SIGNATUR	8	ATTENDING MED.	STAFF 22b. DATE SIGNED	
O. S.	od ved v		1/4 W V eer	M.D	). PHYS. $\square$ DIRECTOR $\square$	PHYS. D Q. 14.	16
AL	AL DII		22c. PHYSICIAN'S NAME (Type)	ieckert	22d. ADDRESS	Malled B.	)
SPITAL OR ATTEN	ERA Pr. F		White likes of the Miles	IEC NAVO	1 - New 1	1 - 421, 20	<u> </u>
TO HOSPITAL	O FUNERAL director, pa should be fi	230	BURIAL, CREMATION, 23b. DATE THEREC	OF 23c. NAME OF CEMETERY OR C	CREMATORY 23d. LOCA	TION (City or Town) (County)	(Stote)
H	Sho dire	10	REMOVAL (Specify) 9/14/1	966 Janlars	Jensey Jh	instourn Wicomic	md.
-	- Ch	24	FUNERAL DIRECTOR	ADDRESS) /	250. REC'D BY REGISTRAR		0 4.0
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH executed within 24 haurs after death 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) 1 PLACE OF DEATH and b. COUNTY a. COUNTY MARYLAND c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carparote limits, write RURAL and give nearest tawn) b. CITY OR TOWN (If autside carparate limits papers. Pag hin 72 haurs c write RURAL and give nearest town) 14x. 2mus Sdays e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSCITUTION (If nat in haspital, give street, address) d. STREET ADDRESS = within 72 YES NO 3 NAME OF DATE Day Year Last carban campletely OF DEATH DECEASED 19656 (Type or print) IF LINDER | YEAR IF UNDER 24 HRS 9 AGE S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED Months Days Haurs and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) COUNTRY? 5 ary/and Maintenance ATTENDING PHYSICIAN: The law requires that the death certificate 14 MOTHER'S MAIDEN NAME 13. FATHER'S NAME oward 17. INFORMANT 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown), (If yes give war or dates of service) INKNOW N 18. CAUSE OF DEATH (Enter only one cause per line for (6), (b), and (c).) signed by the burial-transit p cremat ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO burial. Canditians, if any, which gave rise ta immediate cause (a), DUE TO far use as the p f Health priar tab stating the underlying cause TO FUNERAL DIRECTOR: After this certificate has been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT MOT RELATED TO THE TERMINAL DISEASE-CONDITION GIVEN IN PART I(a) WAS AUTOPSY PERFORMED? NO 20b. DESCRIBE HOW INJURY OCCURRED. Tenter nature of injury in Part 1 or Part 11 of item 18.) 20g ACCIDENT WAS UNDERLYING [ detached for the Dept. of H OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20d. INJURY OCCURRED 20c. TIME OF INJURY Manth, Day, Year factory, street, affice bldg., etc.) Haur o.m. While Not While at work at wark 21. I certify that & (this haspital) attended the deceased fram. be retained 19 6 and that death accurred at 230 PM, from causes and an the date stated above. saw the deceased alive an. 22b. DATE SIGNED 22d SIGNATURE O HOSPITAL OR M.D. DIRECTOR PHYS. director, page 3 shauld be filed v 22d. ADDRESS PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) DATE THEREOF (County) 23a BURIAL CREMATION 23b. REMOVAL (Specify) 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR **ADDRESS** Misseles DATE 20 M 1/66

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MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

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requires that the death certificate be executed within 24 hours after death.	funeral s 1 and 2 ter deoth			PLACE DF DEATH	FSTER		MAR	YLAND	2. USUAL RESIDENCE a. STATE MARYLA		b. COUI			ion)/
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withir	pletely fi carbon ent, with			NAME OF DECEASED	Fire		Middle		Last	4. DATE OF DEATH	Mont		Oay Ye	ear
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t tor	by the atterrance transit perrecentation,			PART 1. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE (								ONSET AND	DEATH
res th	signed b burial-tra burial, cr			Conditions, if ony	DUE , which gave )	TO (b)	oron	0-4	o cel	udi,	~			
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SICIAN:	certificate ho hed for use of Heolth		CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING   CAUSE OF DEATH MEDICAL EXAMINER)	205. DES	CRIBE HOW INJURY	OCCURRED. (E	nter nature of injury i	n Part 1 or Par	t II of item 18.)			7
G PHY	this detac		MEDICAL	Haur a.r	n. 19	While at wark		factar	OF INJURY (Hame, for ry, street, affice bldg., e	(c.)	(City ar town)	(County)		(State)
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OR ATT	wit wit			22a. SIGNATURE	Reu E.	Sa	with.	M.D.		MED. DIRECTOR	STAFF PHYS.	22b. DATE S		
ITAL (	RAL DIR	-		22c. PHYSICIAN'S NAME (Type	1	итн. М	П		E.S.S.H	. CAME	BRIDGE, 1	1AR YLANE	2161	3
TO HOSPITAL	O FUNERAL director, po	8	236	BURIAL, CREMATIC REMOVAL (Specify	ON, 23b. DATE THE		23c. NAME OF CEN	METERY OR CI			CATION (City or To			State)
10	12	10	24	FUNERAL DIRECTO	OR 2		ADDRESS	1	DATE DATE	C'D BY REGISTE	AR 2Sb. RA	GISTRAR'S, SIGAL	TURE	

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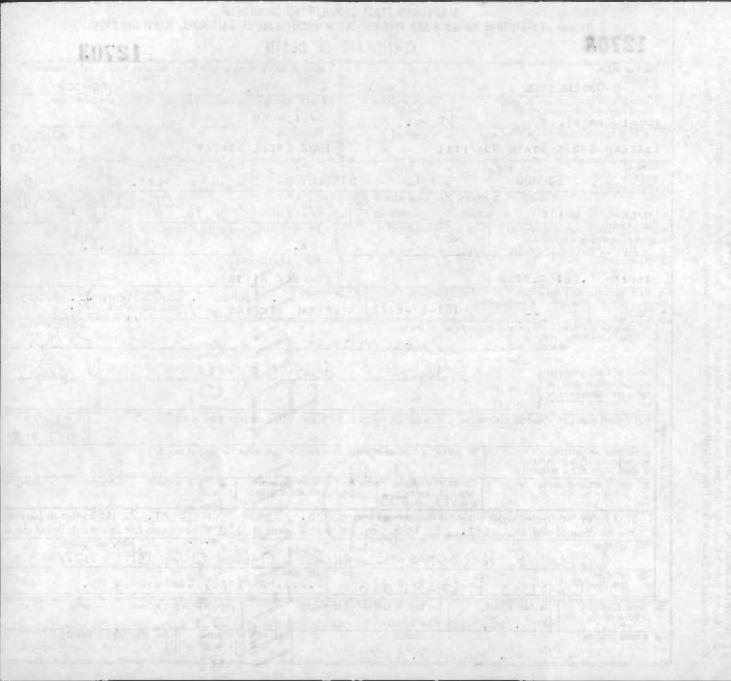
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12708 CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) I. PLACE OF DEATH a. STATE a. COUNTY b. COUNTY WICOM ICO DORCHE STER MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest tawn) SALISBURY 5 MO . RURAL CAMBRIDGE e. IS RESIDENCE ON A FARM? d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) 1002 CECIL STREET EASTERN SHORE STATE HOSPITAL NO P 4. DATE Middle Month NAME OF Year DECEASED SUPPLEE SINGLETON SEPT. 22 EDWARD 19 66 DEATH (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 5 SEX X 7. MARRIED NEVER MARRIED birthday) Months Days Hours 8/28/88 WHITE WIDOWED DIVORCED MALE 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) **INDUSTRY** PA. - Retired-Salesman Daily Times 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WILLIAM K. SINGLETON FLORENCE RITTER IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, na, ar unknown) (If yes give war ar dates of service) 101-07-6778 RECORDS - No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH PART I. DEATH WAS CAUSED BY neilmzoni IMMEDIATE CAUSE (a) DUF TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying cause last. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, farm, 20d. INJURY OCCURRED (City or town) (County) (Stote) 20c. TIME OF INJURY Manth, Day, Year factory, street, office bldg., etc.) Not While Hour a.m. at wark 21. I certify that (I) (this haspital) attended the deceased from 18 . 19 66, ta SEPT. 22 1966, that (1) (we) last APR. saw the deceased alive an SEPT. 22 1966, and that death occurred at 8:30 M, fram causes and an the date stoted above 22b. DATE SIGNED 22a. SIGNATURE 9/22/66 DIRECTOR M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S E.S.S. HOSPITAL, CAMBRIDGE, MD. NAME (Type) ARROSO 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE THEREOF (County) (Stote) 23a. BURIAL CREMATION. REMOVAL (Specify) West Laurel Hill Cemetery Philadelphia, Pennsylvania Burial 25b. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS Marley

a COMPANY, SALISBURY, MARYLAND

the funeral Poges 1 and 2 ars ofter death. 24 hours ofter by the Till Poges popers. Pog hin 72 hours o .⊑ event, within 72 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within carbon ond in any physicians nen please removal ottending phy permit. buriol, cremation, or signed by the burial-transit O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending as the prior to hos been this certificate O FUNERAL DIRECTOR: be filed director, should b

VR A15 (4) 20 M 1/66



## FOR STATE HEALTH DEPT.

xaminer's Office olang with form PM3. Page y delay is in pencil in Item 18. Give Pages 1, 2, and 3 to pages 1 and 2 with the State Department af in any event within 72 hours after death. AL EXAMINER: This certificate shauld be executed within 24 hours after death. If Heolth or its designated agent, prior ta buriol, cremation, or removal, and the funeral directar. Page 4 should be forworded to the Chief Medical E necessary, please execute the certificate, writing the ward "pending" 5 may be retained far your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit pend TO DEPUTY ME

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12703		MEDICAL EXAMI	MEK.2	CERTIFICATE O	F DEATH	12704					
a. COUNTY Dorch	nester	MAR	RYLANO	2. USUAL RESIDENCE (V	Vhere deceased lived, if institu land b. COU		fore admission)				
b. CITY OR TOWN (If autsi write RURAL and give i Cambridge	de corporate limits, nearest town)	6 year		c. CITY OR TOWN (If ou Cambr	tside carparate limits, write RU idge	JRAL and give near	est tawn)				
d. NAME OF HOSPITAL OR Cambridge Ma		haspital, give street address) spital		d. STREET ADORESS 104 Chop	tank Terrace		e 15 RESIDENCE ON A FARM? YES NO				
3. NAME OF DECEASED (Type or print)	JOHN First	R. Middle	THO	MAN Last	4. DATE Mon OF DEATH S	eptember	4 19 66				
	44.	MARRIED NEVER MARRIE VIDOWED DIVORCE		Dec. 4, 191	9. AGE (In years last birthday)	Manths Days					
10a. USUAL OCCUPATION (Give during most of working life, even	kind af wark dane en if retired)	10b. KIND OF BUSINESS OR F.W. Woolwor	th	Hanover,	Penna	12. CITIZEN C COUNTRY	OF WHAT				
13. FATHER'S NAME HOT	race C. The	oman		14. MOTHER'S MAIDEN M Irma St	ricklere						
15. WAS DECEASED EVER IN U.S. (Yes, no grunknown) (If yes	ARMED FORCES? give war or dates af sen	vice) 16. SOCIAL SECURITY NO. Unknown		NFORMANT 's. John R.	Thoman, Cambr		ryland				
Canditions, if any, which rise to immediate caus stating the underlying last.  PART II OTHER SIGNIFICA	MMEDIATE CAUSE (a) _ OUE TO   Gave e (a), cause   OUE TO   (c) _	Massive myoo				115	ONSET AND DEATH IN				
20g. EXTERNAL CAUSE WA PRIMARY   gr (ONTRIBU CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY O	OCCURRED. (	Enter nature af injury in F	Part I ar Part II of item 18.)		YES NO KX				
20c. TIME OF INJURY Manth, Day, Year Haur a.m. p.m.  19  20d. INJURY OCCURRED While at wark at wark at wark											
deoth resulted fro	SIGNATURE										
BUTIAL  24 FINERAL DIRECTOR	23b. OATE THEREOU Sep. 8, 3	.966   Dorchest ADDRESS ice, Cambridge	ter Me	emorial Park	Cambridge	e, Maryla	ind				

VR A15ME

PRESE. PARTY TO THE PROPERTY WHITE article and the property of the Append . Domin Property Common . Borres **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral directar, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 20 M 1/66

**TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

12710

CERTIFICATE OF DEATH

12705

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1		PLACE OF DEATH					2. USUAL RESIDENCE (V	Where dec			esidence befor	e odmissi	ion)	
4	,	o. COUNTY	CTED		MARYLAND		o. STATE MARYLAN	D	b. cot		1.115		1	
1	-	DORCHE TOWN	f outside corporate limit		C LENGTH OF STAY IN 16		c. CITY OR TOWN (If ou		vorote limits write Pl	IPAL on	LINE	t town)	-/-	
			give neorest town)	>,	C. ECHOIL OF SIAT IN 10		C. CITI OK TOWN (II OU	uside corp	orore minis, wine Kt	JKAL UN	d give neores	1 TOWIS	/	
		CAMBRID			3 YRS. & 7	MO	PRESTON				155 -	2		
	-		AL OR INSTITUTION (If no	ot in hospital,			d. STREET ADDRESS					e. IS RESI ON A F	DENCE ARM?	
			SHORE STAT				R. F. D					YES X	NO [	
		NAME OF DECEASEO		rst	Middle		Lost	4. DAT			Doy		ear	
ŀ	5.	(Type or print)	6. COLOR OR RACE		ALTIVED MARRIED		DATE OF BIRTH	DEA	O ACE /In		NDER I YEAR	19 LETINDE	66 R 24 HRS	
1	٥	3EV	O. COLOR OR RACE	7. MARRIED	X NEVER MARRIED	-			last birthdoy)	Mon		Hours	Min.	
		MALE	NEGRO	WIDOWED	DIVORCED	] (	01-23-81		85 yrs.					
			(Give kind of work done		IND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, o	r foreign country)	1	12. CITIZEN OF COUNTRY?	WHAT		
1		ing most of working I		-	IDUSTRY		WORCESTER	_ M	ADVIANA		U.S.	3		
ŀ		FATHER'S NAME	GANONEN				14. MOTHER'S MAIDEN I		AKILANO		0.0.7	10		
I	10.	_	and the last											
1			GEORGE TOV				MELINDA	BREW	INGTON					
			R IN U.S. ARMED FORCES? (If yes give wor or dotes of		SOCIAL SECURITY NO.	17. 18	NFORMANT		Addı	ress				
1	110	No	(11 yes give wor or doies		0-09-3912 E	S.	S. HOSPITAL	RECO	none Car	MDD	IDGE. I	in.		
F			ATH (Enter only one cou				TO THE STATE OF THE	13 1- 1- 1	VIII VAL	113 14		ERVAL BET	TWEEN	
I			H WAS CAUSED BY:	Mara								SET AND I		
I		IMMEDIATE CAUSE (o) MYSCAROTAL INFARCTION												
	TO DUE TO													
		Conditions, if ony, which gove ) (b) AORTIC STENOSIS												
L	rise to immediate couse (o),													
1		stating the underlying couse (												
ł		last. (c) GENERALIZEO ARTERIOSCLEROSIS  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) 19. WAS AUTOPSY											ODCV	
d.	S	PART II. OTHER SIG	MILICANT CONDITIONS C	ONIKIBUTING	TO DEATH BUT NOT KETATED	10 11	HE TERMINAL DISEASE CON	IDITION G	IVEN IN PART HO		17.	PERFORM	IED?	
9	A										YE	SX	NO	
1	MEDICAL CERTIFICATION	20o. ACCIDENT WAS		20b. DI	SCRIBE HOW INJURY OCCURE	RED. (I	Enter noture of injury in f	Port I or I	Port II of item 18.)					
I	8	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)											
1	AL	3		204 1	NJURY OCCURRED 20e.	DIAC	E OF INJURY (Home, form	. 20f	(City or town)		(County)		(Stote)	
1	ă	Hour o.m	RY Month, Day, Yeor	While			ry, street, office bldg., etc.)		. (city of lown)		(County)		(21016)	
1	Σ	p.m	1. 19	ot wor										
1		21. 1 certif	v that (I) (this has	pital) atten	ded the deceased from	n	FEB - 14 1	9 63	ta SEPT. 2	23	1956, th	at (I) (	we) la	
ı					23, 19 66, and									
1		22o. SIGNATURE	7 (.	-	1. 1	9		10.00		22	b. DATE SIGN	ED		
1	1 leve & Smith Leaf M.D. ATTENDING   MED. STAFF IX SE									PT. 23, 1966				
1		22c. PHYSICIAN'S					22d. ADDRESS							
ı		NAME (Type)	RENE E. S	MITH.	M.D.		E. S. S. Hosi	PLIAL	CAMERII	GE.	MARYL	AND		
F	230	BURIAL, CREMATIO			23c. NAME OF CEMETERY	1384			LOCATION (City or To		(County)		itote)	
1	5	REMOVAL (Specify)	1 (1)	1/2	TMJ Ch	100	no +10	200.	Control (city of it	-/	(county)	Thi		
1	E	74114	1 7-20	000	1111/2	CE	varic.		KA	1	al	1/4	1	
	24	. FUNERAL DIRECTO		11	ADDRESS		2So. REC'D	BY REGI	STRAR 25b. R	EGTSTRA	R'S SIGNATUR	E		
	-	Lesne	2 18 /2/2	11/11	1) Early	2.	16 DATE S	FP o	7 1966	000	wella.	0	1 - 0	

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH and 2 death. death. USUAL RESIDENCE (Where deceased lived, If institution; Residence before admission) PLACE OF DEATH a. COUNTY a. STATE MARYLAND b. COUNTY PRINCE GEORGES after Pages 1 MARYI AND b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest/town) write RURAL and give nearest town) oon papers. Pag within 72 hours hours WEEK ENTLAND HURLOCK .⊑ e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled ON A FARM? OMBARD HAVEN NURSING HOME NO X completely carbon NAME OF Middle DATE Month Day Year 4. Last DECEASED OF DEATH ELIZABETH VERNON event, ANNA JEP (Type or print) executed d con 5. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 8. 9. 7. MARRIED NEVER MARRIED last birthday) Months | Davs Hours OCT. 25, 1 any WHITE FEMALE WIDOWED 5 DIVORCED 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR and th 10a. USUAL OCCUPATION (Give kind of work done) BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY? pe U.S.A AT Home HOUSEWIFE certificate attending physical results of the plant of t removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME ROBERT GARNER ROSE TURNER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address death 50 (Yes, no, or unkown) (If yes give war or dates of service) VIRGINIA 7620 LOMBARD cremation, KENTLAND, MD. the INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] been signed by the the burial-transit or to burial, cremati that the ONSET AND DEATH PART I. DEATH WAS CAUSED BY PHYSICIAN: The law requires that the hospital or attending physician. IMMEDIATE CAUSE leno scienzi Conditions, If any, which gave rise to Immediate DUE TO cause (a), stating certificate has be ched for use as the pt. of Health prior t underlying cause last. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health PERFORMED? CERTIFICAT YES NO P this cerus detached for 20a. ACCIDENT WAS UNDERLYING [ DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL (State) TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour a.m. Not While After State þ ATTENDING 19 at work at work 9 21. I certify that (I) (this hospital) attended the deceased from 196 1966 be retained 3 should with the that (I) (we) last FUNERAL DIRECTOR: and that death occurred at 23 1966 saw the deceased alive on Ac M. from the causes and on the date stated above. 22b. DATE SIGNED 22a. SIGNATURE MED. page ATTENDING M.D. PHYS. DIRECTOR PHYS Page 4 may I To Func. PHYSICIAN'S **ADDRESS** 22c. NAME (Type) (City, town or county) (State) BURIAL, CREMATION, 23b. DAY'E THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) REGISTRAR'S SIGNATURE ADDRESS 25b. FUNERAL DIRECTOR Cirsol Dy 25a. REC'D BY VR A15 (4) DATE 15M 4-64

12704 BOYS TURNER

2, and 3 ta PM3. Page delay is agges 1 and 2 with the State Department of any event within 72 haurs after death. in pencil in Item 18. Give Pages 1, This certificate shauld be executed within 24 haurs after death. If oud a burial-transit permit. Health ar its designated agent, priar ta burial, crematian, ar remaval, AL EXAMINER:

the funeral directar. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm necessary, please execute the certificate, writing the ward "pending" TO FUNERAL DIRECTOR: Page 3 should be used as 5 may be retained far yaur files.

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE MARYLAND 21201

	12712	2	MED	ICAL EXAMINER	S'S CERTIF	FICATE O	F DEATH	1 15	2707			-/		
1.	PLACE OF DEATH o. COUNTY Dor	chester		MARYLANI	a. STA	RESIDENCE (V	where deceased h Caro	l lived, if institu <b>lina</b> <sup>b. COU</sup>	tion: Residen	ce befor	re odmissio	ync)		
	b. CITY OR TOWN	(If outside corporate limit	5,	c. LENGTH OF STAY IN 16	c. CITY O	R TOWN (If our	tside corporote	limits, write RU	RAL ond give	e neare:	st town)	- 4		
	Rhod	d give negrest town) esdale - Ru	ral	3 months		Newp	ort			70	-3			
	d. NAME OF HOSPI	TAL OR INSTITUTION (If no	ot in hospitol,	give street address)	d. STREET	ADDRESS					e. IS RESID			
	Eldo	rado-Sharpt	own Ro	ad								NO [		
3.	NAME OF DECEASED		rst	Middle	Lo	ost	4. DATE OF	Mon	th	Doy	Yeo	or		
L	(Type or print)	Will		F	War		DEATH	Septe		5		66		
	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF			AGE (In years lost birthday)	Months	Doys	Hours	Min.		
	Male	Negro	WIDOWED	DIVORCED	Dec.	13, 19	44	21 yrs.	1 10 517	7511 05	NOTA Y			
du	ring most of warking	N (Give kind af work done plite, even if retired) aborer	11	IND OF BUSINESS OR VDUSTRY Farm		THPLACE (State		ntry)		TIZEN OF WHAT DUNTRY? USA				
13	. FATHER'S NAME				14. MOTH	HER'S MAIDEN N	IAME							
		seph F. War					e A. L	ecraft						
15 (Y	es no or unknown)	ER IN U.S. ARMED FORCES? (If yes give war ar dotes of	of corvire)	SOCIAL SECURITY NO.	17. INFORMANT			Addr						
L	No	. ,		Unknown	Hazel W	Ward, No	ewport	North	Carol	ina				
		EATH (Enter only one cou TH WAS CAUSED BY:									ERVAL BET			
	9 9 1	IMMEDIATE CAUSE		norrhage								ONSET AND DEATH		
	DUE TO													
	rise to immedio	Conditions, if ony, which gave is to immediate couse (o), (b) Gun shot wound chest												
1	stoting the underlying couse   DUE TO (c)													
ATION	PART II. OTHER S	IGNIFICANT CONDITIONS Q	ONTRIBUTING	TO DEATH BUT NOT RELATED	TO THE TERMINA	AL DISEASE CON	DITION GIVEN	IN PART 1(o)			WAS AUTO PERFORME S X			
CERTIFICATION	20o. EXTERNAL CA PRIMARY (A) or CO CAUSE OF DEATH.	AUSE WAS ONTRIBUTING []		escribe how injury occur not with sh		' '	ort I or Port I	of item 18.)						
MEDICAL	20c. TIME OF INJ	URY Month, Doy, Year	20d. I	NJURY OCCURRED 20e	PLACE OF INJUR	Y (Home form	20f. (	City or town)	(Cou	nty)	(5	Stote)		
MEI	Hour o.	m. 9/5/6619	While of wor	Not While T	arm	ffice bldg., etc.}	Near E	Eldora	do, D	or.	Md			
	Hour o.m. 9/5/66 19 While of work at work Eldorado, Dor. Md.  21. I certify that I took charge of the remains described above, held on Autopsy A, Inspection , Inquiry , and in my opinion													
	deoth resulted from: Notural couses , Accident , Suicide , Homicide , Undetermined manner .													
	ACTUAL SIGNATURE	Jahr	211	2		ASSISTANT MEDI	_	'n		162	2. DATE	SIGNED		
	EXAMINERS			11.		DEPUTY MEDICAL	EXAMINER	X .	1 2	1/0/	NO Z			
	NAME (Type)	John Mace		M.D.	- 1	Address (Street,	city, town, or	county) Ca	mbrlo	age	, INTO	•		
23	REMOVAL (Specify Remova)	1)		23c. NAME OF CEMETERY Spring Side	OR CREMATORY		23d. LOCA	TION (City or To		(Caunty)	(St	ote)		
2	FUNERAL DIRECTO			deralsburg,	Manual -	2So. REC'D	BY REGISTRAR		GISTRAR'S SI	GNATUR	E			
1	Greme Fr	ampton and s	on, re	deraisburg,	marylan	DATE S	EP 8	1956	Icha	ula.	Que	40		
	V	1 - 1	_						/		0 0	1		

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d. . Transport and fon, Tederal burn, Enryland

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 and 2 death: PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY ges 1 Dorchester MARYLAND Marvland Dorchester the CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b by hours Cambridge d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .5 e. IS RESIDENCE filled d. STREET ADDRESS ve carbon papers event, within 72 ON A FARM? NOV Hospita. Oaklev YES Cambridge-Maryland within letely Month Year 3. NAME OF Middle Last 4. DATE Day First DECEASED DEATH 1966 comple (Type or print) Wilkinsor Sept. Webster rvin executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) | Months | Days | Hours | Min. 5. SEX 6. COLOR OR RACE 8. DATE OF BIRTH етоме 7. MARRIED NEVER MARRIED any 18 .1876 and DIVORCED July WIDOWED Male White 12. CITIZEN OF WHAT Ading physician a Then please re removal, and in 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) and in 10a. USUAL OCCUPATION (Give kind of work done COUNTRY? during most of working life, even if retired) INDUSTRY U.S Packing Audi tor Food Conschohocken.Pa. death certificate 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME kinson he attending I permit. Ther E. Rebecca Raysor liam Ticinson Address 9 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITYNO. 17. INFORMANT Oaklev St 0 (Yes, no. or unkown) (If yes give war or dates of service) enson Cambridge Md. 21/1-07-830 cremation, the INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), PINSET AND DEATH n signed by burial-transit burial, crema PART I, DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which peen gave rise to Immediate has been as the b DUE TO cause (a), stating the underlying cause last. (c) CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) for use Health r this certificate I detached for use te Dept. of Health PERFORMED? NO F 20a. ACCIDENT WAS UNDERLYING PHYSICIAN: 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL (State) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. While Not While After Id be d retained by be p.m. at work at work DIRECTOR: A age 3 should iled with the 21. I certify that (I) (this hospital)/attended the deceased from. 19 66, and that death occurred at 1 the causes and on the date stated above. saw the deceased alive on DATE SIGNED 22a. SIGNATURE 22b. ATTENDING STAFF page filed M.D. DIRECTOR PHYS. PHYS. Page 4 may FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S director, p NAME (Type) Albert Bunker Maryland BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 23a. REMOVAL (Specify) Cemetery Combr Sent. FUNERAL DIRECTOR Cambridge, Md. DATE VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1. PLACE DE DEATE	Н			- 1	2. USUAL RESID	ENCE (Where de	ceased lived, If instit	tution: Residen	ce before admission
	orchester		MARYLA	AND	a. STATE	Maryland	b. COUNT	Dorch	ester
b. CITY DR TDW write RURAL Cambri	N (if outside corpora and give nearest tow	te limits, (n)	c. LENGTH OF STAY	IN 1b		(If outside cor	porate limits, write	RURAL and a	give nearest town
	spital or institutions Maryland		ospital, give street add	dress)	d. STREET ADDR	nry Stre	et		e. IS RESIDENC ON A FARM? YES NO
3. NAME DF DECEASED (Type or print)	CAL		Middle N .		Last	4. DATE DF DEATE			6, 19 66
5. SEX Male	6. CDLOR DR RACE White	7. MARRIED WIDDWED	NEVER MARRIED DIVORCED		Dec. 16,		AGE (In years IF last birthday) M	onths Days	Hours Min.
10a. USUAL OCCUPAT during most of work Mechani	IDN (Give kind of work ing life, even if retire. C	d) 1	IND DF BUSINESS OR NOUSTRY			c (County & State	and	12. CITIZEN COUNTR	
13. FATHER'S NAM	Howard V	Villey			14. MDTHER'S M	ie Robbi	ns		
	EVER IN U.S. ARMED FO (If yes give war or dates o		social security no.		INFORMANT s. Calvin	N. Will	Address ey, Cambri	idge, M	laryland
Conditions, If gave rise to cause (a), si underlying caus	immediate tating the se last.	(a) (b) TO (c)	T Chierria	of A TOPIA	Llauf		hely 7		I. WAS AUTDPSY
ICATI								Υ	PERFORMED?
DR CONTRIBUTI	WAS UNDERLYING ING CAUSE OF DEATHER MEDICAL EXAMI	TH	DESCRIBE HOW INJURY	Y OCCU	KKED. (Enter natur	e or injury in P	art i or Part II or i	tem 10.)	
ZOC. TIME DF Hour a.r		Year 2Dd. I While at wor	Not While		CE OF INJURY (Hom y, street, office bld		(City or town)	(County)	(State)
saw the de	ceased alive of	oital) attend -26766	ed the deceased from	m d that	4- 25-66 death occurred	19 to at 5:05#14	om the causes ar	nd on the da	ate stated above
22a. SIGNATÚ	eller	101	Demle	MLD	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	22b. DATE S 9-28-	
22c. PHYSICIA NAME (T		E. Bunk	er, M. D.		22d. ADDRES. 200 Md.		ambridge,	Md.	21613
23a. BURIAL, CREM REMOVAL (Spi Burial	ecify) Sept 28		23c. NAME OF CEN Dorcheste		emorial Pa	ark Cam	bridge, Ma	aryland	
24. FUNERAL DIRE LeCompte		rvice,	Cambridge,	Man		OCT	4 1966		An Queles

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14581 a birth sie THE RIVER NEWSTON 111,210 16.111 aniunos elavato Bouleval veshironed valid . I sivist tember mondal and the second of the second o off- S-C Herry N-S -A The State of S-C-S-C-S Dentage of Sens 25 A 155 Continuent Ferrence of Ports of Senson Maryland Labourt Function, Controlling, Largeard 1987 - 1985 Allert Controlled